

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/16/2012 11:12 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/16/2012 Time: 11:12 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S HEALTH CENTER 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 XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	1,754,895	214,728	1,930,120	0 1.00
2.00 Subprovider - IPF	0	39,947	3,491		0 2.00
3.00 Subprovider - IRF	0	0	0		0 3.00
4.00 SUBPROVIDER I	0	0	0		0 4.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0	0	0		0 6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0 7.00
8.00 NURSING FACILITY	0	0	0		0 8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0 9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0 10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0 11.00
12.00 CMHC I	0	0	0		0 12.00
200.00 Total	0	1,794,842	218,219	1,930,120	0 200.00

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

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Encryption Information  
 ECR: Date: 5/16/2012 Time: 11:12 am  
 : C.LcQZh4fB0i TfkvfeDTH6TeeOIP0  
 fCMZ70aMLr2xLRU6nLqBFqyRGUWvp2  
 YQ7A1QzDtE0IOIP7  
 PI: Date: 5/16/2012 Time: 11:12 am  
 rpjgDPjzjqEAcKHG.wQroOI38Thn71  
 OCXoY0SuAqXSUC0Za:srtJVEgx1PFh  
 11uTDC65zp0PdQtQ

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date  
 \_\_\_\_\_

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	1,754,895	214,728	1,930,120	0 1.00
2.00	Subprovider - IPF	0	39,947	3,491		0 2.00
3.00	Subprovider - IRF	0	0	0		0 3.00
4.00	SUBPROVIDER I	0	0	0		0 4.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0	0	0		0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0 7.00
8.00	NURSING FACILITY	0	0	0		0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0		0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0 11.00
12.00	CMHC I	0	0	0		0 12.00
200.00	Total	0	1,794,842	218,219	1,930,120	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 11:11 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6420 CLAYTON ROAD			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63117-		County: ST. LOUIS		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. MARY'S HEALTH CENTER	260091	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		ST. MARY'S HEALTH CENTER - PSYCH	26S091	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	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N	N	N	10.00
10.01	ICF/MR							N	N	N	10.01
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis		ST. MARY'S HEALTH CENTER - ESRD	262320	41180		03/01/1998				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011			20.00
21.00	Type of Control (see instructions)						1				21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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.	18,927	2,272	11,703	6,935	26,866	0			24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0			25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
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.	Y	Y			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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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

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				1.00	2.00	3.00	
<b>Inpatient Rehabilitation Facility PPS</b>							
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			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.					N	86.00
				V		XIX	
				1.00		2.00	
<b>Title V or XIX Inpatient Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N				Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N				N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N				N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N				N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N				N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
<b>Rural Providers</b>							
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	
				1.00		2.00	
				Speech		Respiratory	
				3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N		N	109.00
				1.00		2.00	
<b>Miscellaneous Cost Reporting Information</b>							
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.		5,000,000			10,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
<b>Transplant Center Information</b>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/16/2012 11:11 am	
			1.00		2.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		03/01/1985			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.		09/01/2000			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.		09/01/2000			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		269020	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: SSM HEALTH CARE ST. LOIOAS	Contractor's Name: SSM HEALTH CARE ST. LOIOAS	Contractor's Number: 52280			141.00
142.00	Street: 477 NORTH LINDBERGH	PO Box:				142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63141			143.00
					1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y			144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N			145.00
					1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N			146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N			149.00
				Part A	Part B	
				1.00	2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital		N		N	155.00
156.00	Subprovider - IPF		N		N	156.00
157.00	Subprovider - IRF		N		N	157.00
158.00	SUBPROVIDER		N		N	158.00
159.00	SNF		N		N	159.00
160.00	HOME HEALTH AGENCY		N		N	160.00
161.00	CMHC				N	161.00
161.10	CORF				N	161.10
					1.00	
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
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
						1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 11:11 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/31/2012		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)	N			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.	Y			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: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/16/2012 11:11 am
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 260091

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/16/2012 11:11 am

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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)	Y	03/31/2012	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)	N		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: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours		
	Line Number		Avai lable			
	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	371	135,415	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)		371	135,415	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00		8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	31.01	19	6,935	0.00		8.01
9.00 CORONARY CARE UNIT	32.00	10	3,650	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	84	30,660	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		508	185,420	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	44	16,060			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
20.01 ICF/MR	45.01	0	0	0.00		20.01
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		552				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	22,304	10,532	84,399		1.00
2.00 HMO		10,207	50,065			2.00
3.00 HMO IPF		1,382	311			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	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	22,304	10,532	84,399		7.00
8.00 INTENSIVE CARE UNIT	0	3,337	693	6,926		8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT	0	128	587	4,559		8.01
9.00 CORONARY CARE UNIT	0	1,132	275	2,611		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	3,718	27,610		12.00
13.00 NURSERY	0	0	636	5,706		13.00
14.00 Total (see instructions)	0	26,901	16,441	131,811		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	6,160	4,071	14,173		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0	0	0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE	0	0	0	0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		23.00
24.00 HOSPICE	0	0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		247	4,656		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				1,762		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			197	2,558		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	5,447	1.00
2.00 HMO					2,291	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	166.87	3,131.89	0.00	0	5,447	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	1.33	64.98	0.00	0	540	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00	0.00		19.00
20.00 NURSING FACILITY	0.00	0.00	0.00	0.00		20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00	0.00		21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00	0.00		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00	0.00		23.00
24.00 HOSPICE	0.00	0.00	0.00	0.00		24.00
25.00 CMHC - CMHC	0.00	0.00	0.00	0.00		25.00
25.10 CMHC - CORF	0.00	0.00	0.00	0.00		25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00	0.00		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00	0.00		26.25
27.00 Total (sum of lines 14-26)	168.20	3,196.87	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,790	25,021		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
8.01 PEDIATRIC INTENSIVE CARE UNIT				8.01
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,790	25,021		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	611	1,883		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/16/2012 11:11 am	
	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		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	199,029,182	0	199,029,182	6,711,965.75	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		568,036	0	568,036	4,858.02	4.00
4.01	Physicians - Part A - direct teaching		353,005	0	353,005	3,696.74	4.01
5.00	Physician-Part B		4,306,974	0	4,306,974	44,260.12	5.00
6.00	Non-physician-Part B		1,317,285	0	1,317,285	26,560.80	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,495,304	1,495,304	62,469.59	7.00
7.01	Contracted interns and residents (in approved programs)		8,888,253	0	8,888,253	280,383.05	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,448,333	522,059	11,970,392	316,349.93	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		10,842,133	0	10,842,133	326,278.99	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		7,474,768	0	7,474,768	68,562.07	13.00
14.00	Home office salaries & wage-related costs		22,196,823	0	22,196,823	426,196.20	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		63,936,488	0	63,936,488		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		3,339,484	0	3,339,484		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		121,918	0	121,918		22.00
23.00	Physician Part B		989,676	0	989,676		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		477,613	0	477,613		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	176,122	0	176,122	6,787.29	26.00
27.00	Administrative & General	5.00	36,223,363	-1,393,255	34,830,108	1,257,359.51	27.00
28.00	Administrative & General under contract (see inst.)		2,227,606	0	2,227,606	12,420.10	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,917,608	0	2,917,608	102,965.89	30.00
31.00	Laundry & Linen Service	8.00	270,879	0	270,879	18,754.98	31.00
32.00	Housekeeping	9.00	4,213,757	0	4,213,757	306,188.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	3,436,439	-2,361,977	1,074,462	65,054.05	34.00
35.00	Dietary under contract (see instructions)		441,436	0	441,436	20,571.00	35.00
36.00	Cafeteria	11.00	0	2,361,977	2,361,977	178,863.12	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	5,393,102	0	5,393,102	168,607.38	38.00
39.00	Central Services and Supply	14.00	1,020,650	0	1,020,650	55,544.07	39.00
40.00	Pharmacy	15.00	6,087,028	-5,700,100	386,928	10,324.24	40.00
41.00	Medical Records & Medical Records Library	16.00	2,801,793	0	2,801,793	134,562.93	41.00
42.00	Social Service	17.00	2,472,503	177,250	2,649,753	79,725.26	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/16/2012 11:11 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	29.65	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	116.93	4.00
4.01	Physicians - Part A - direct teaching	95.49	4.01
5.00	Physician-Part B	97.31	5.00
6.00	Non-physician-Part B	49.60	6.00
7.00	Interns & residents (in an approved program)	23.94	7.00
7.01	Contracted interns and residents (in approved programs)	31.70	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	37.84	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	33.23	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	109.02	13.00
14.00	Home office salaries & wage-related costs	52.08	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	25.95	26.00
27.00	Administrative & General	27.70	27.00
28.00	Administrative & General under contract (see inst.)	179.35	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	28.34	30.00
31.00	Laundry & Linen Service	14.44	31.00
32.00	Housekeeping	13.76	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.52	34.00
35.00	Dietary under contract (see instructions)	21.46	35.00
36.00	Cafeteria	13.21	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	31.99	38.00
39.00	Central Services and Supply	18.38	39.00
40.00	Pharmacy	37.48	40.00
41.00	Medical Records & Medical Records Library	20.82	41.00
42.00	Social Service	33.24	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/16/2012 11:11 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	186,832,707	-1,495,304	185,337,403	6,327,586.55		1.00
2.00	Excluded area salaries (see instructions)	11,448,333	522,059	11,970,392	316,349.93		2.00
3.00	Subtotal salaries (line 1 minus line 2)	175,384,374	-2,017,363	173,367,011	6,011,236.62		3.00
4.00	Subtotal other wages & related costs (see inst.)	40,513,724	0	40,513,724	821,037.26		4.00
5.00	Subtotal wage-related costs (see inst.)	64,058,406	0	64,058,406	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	279,956,504	-2,017,363	277,939,141	6,832,273.88		6.00
7.00	Total overhead cost (see instructions)	67,682,286	-6,916,105	60,766,181	2,417,728.51		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260091

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.29	1.00
2.00	Excluded area salaries (see instructions)	37.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	49.34	4.00
5.00	Subtotal wage-related costs (see inst.)	36.95	5.00
6.00	Total (sum of lines 3 thru 5)	40.68	6.00
7.00	Total overhead cost (see instructions)	25.13	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/16/2012 11:11 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,211,350 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			8,577,582 3.00
4.00	Prior Year Pension Service Cost			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			38,896,563 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,057,830 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			545,930 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			56,660 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			915,799 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,022,062 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			10,994,253 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			380,488 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			277,971 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			63,936,488 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260091

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	11,110,771	0	1.00
2.00	Hospital	10,842,133	0	2.00
3.00	Subprovider - IPF	268,638	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-5

Date/Time Prepared:  
5/16/2012 11:11 am

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	7	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	5.50	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	365	0				5.00
6.00	Number of stations	4	0	0	0		6.00
7.00	Treatment capacity per day per station	2	0				7.00
8.00	Utilization (see instructions)	26.44	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
<b>TRANSPLANT INFORMATION</b>							
11.00	Number of patients on transplant list	5					11.00
12.00	Number of patients transplanted during the cost reporting period	10					12.00
<b>EPOETIN</b>							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	72,109					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	1,255					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
<b>ARANESP</b>							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
<b>PHYSICIAN PAYMENT METHOD</b>							
21.00	enter "X" if method(s) is applicable						X

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/16/2012 11:11 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.277896		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		170,956,430		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		42,223,839		5.00
6.00	Medicaid charges		579,132,944		6.00
7.00	Medicaid cost (line 1 times line 6)		160,938,729		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
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		163,142		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	35,083,024	7,853,528	42,936,552	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,749,432	2,182,464	11,931,896	21.00
22.00	Partial payment by patients approved for charity care	66,696	156,722	223,418	22.00
23.00	Cost of charity care (line 21 minus line 22)	9,682,736	2,025,742	11,708,478	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		19,274,702		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,447,114		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		17,827,588		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,954,215		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,662,693		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,662,693		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/16/2012 11:11 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT		11,358,186	11,358,186	0	11,358,186	1.00	
2.00 NEW CAP REL COSTS-MVBLE EQUIP		10,498,704	10,498,704	0	10,498,704	2.00	
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 EMPLOYEE BENEFITS	176,122	56,389,203	56,565,325	0	56,565,325	4.00	
5.00 ADMINISTRATIVE & GENERAL	36,223,363	64,886,193	101,109,556	36,121,920	137,231,476	5.00	
6.00 MAINTENANCE & REPAIRS	0	3,603,112	3,603,112	0	3,603,112	6.00	
7.00 OPERATION OF PLANT	2,917,608	11,305,560	14,223,168	0	14,223,168	7.00	
8.00 LAUNDRY & LINEN SERVICE	270,879	1,650,885	1,921,764	0	1,921,764	8.00	
9.00 HOUSEKEEPING	4,213,757	2,347,058	6,560,815	0	6,560,815	9.00	
10.00 DIETARY	3,436,439	5,956,377	9,392,816	-6,455,990	2,936,826	10.00	
11.00 CAFETERIA	0	0	0	6,455,990	6,455,990	11.00	
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00 NURSING ADMINISTRATION	5,393,102	837,116	6,230,218	0	6,230,218	13.00	
14.00 CENTRAL SERVICES & SUPPLY	1,020,650	54,319,516	55,340,166	-38,916,095	16,424,071	14.00	
15.00 PHARMACY	6,087,028	27,116,049	33,203,077	-30,866,745	2,336,332	15.00	
16.00 MEDICAL RECORDS & LIBRARY	2,801,793	1,567,934	4,369,727	0	4,369,727	16.00	
17.00 SOCIAL SERVICE	2,472,503	167,952	2,640,455	281,256	2,921,711	17.00	
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00 NURSING SCHOOL	0	0	0	0	0	20.00	
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,495,304	1,495,304	21.00	
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,913,691	35,862,903	38,776,594	-16,728,990	22,047,604	22.00	
23.00 PARAMED ED PRGM	346,245	17,577	363,822	143,815	507,637	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	34,310,152	4,626,613	38,936,765	3,503,593	42,440,358	30.00	
31.00 INTENSIVE CARE UNIT	4,618,771	855,264	5,474,035	-433,521	5,040,514	31.00	
31.01 PEDIATRIC INTENSIVE CARE UNIT	3,465,528	788,615	4,254,143	-296,708	3,957,436	31.01	
32.00 CORONARY CARE UNIT	1,568,938	177,643	1,746,581	-60,902	1,685,679	32.00	
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
35.00 NEONATAL INTENSIVE CARE UNIT	14,872,955	1,777,572	16,650,527	-5,235	16,645,292	35.00	
40.00 SUBPROVIDER - I PF	3,576,121	427,135	4,003,256	654,223	4,657,479	40.00	
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00	
42.00 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 NURSERY	0	0	0	495,317	495,317	43.00	
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00 NURSING FACILITY	0	0	0	0	0	45.00	
45.01 ICF/MR	0	0	0	0	0	45.01	
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	8,010,383	17,787,854	25,798,237	-9,199,471	16,598,766	50.00	
51.00 RECOVERY ROOM	3,777,379	293,187	4,070,566	-76,448	3,994,118	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	370,456	84,797	455,253	3,439,903	3,895,156	52.00	
53.00 ANESTHESIOLOGY	217,843	4,657,213	4,875,056	413,804	5,288,860	53.00	
53.01 PAIN MANAGEMENT	371,580	299,677	671,257	-64,525	606,732	53.01	
54.00 RADIOLOGY-DIAGNOSTIC	5,223,211	3,404,885	8,628,096	-1,134,452	7,493,644	54.00	
55.00 RADIOLOGY-THERAPEUTIC	988,770	1,097,740	2,086,510	0	2,086,510	55.00	
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	504,021	966,439	1,470,460	0	1,470,460	55.01	
56.00 RADIOISOTOPE	0	0	0	0	0	56.00	
56.01 ULTRA SOUND	768,764	85,414	854,178	-57,952	796,226	56.01	
57.00 CT SCAN	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	1,462,650	5,913,450	7,376,100	-5,703,547	1,672,553	59.00	
60.00 LABORATORY	3,636,344	5,916,802	9,553,146	-110,200	9,442,946	60.00	
60.01 ANATOMICAL PATHOLOGY	1,420,677	968,577	2,389,254	49,298	2,438,552	60.01	
60.02 LAB-STEM CELL	2,352	84,783	87,135	0	87,135	60.02	
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	1,838,340	3,028,985	4,867,325	0	4,867,325	63.00	
64.00 INTRAVENOUS THERAPY	1,888,680	862,977	2,751,657	-44,685	2,706,972	64.00	
65.00 RESPIRATORY THERAPY	3,290,958	2,702,275	5,993,233	-269,400	5,723,833	65.00	
65.01 SLEEP DISORDER	592,463	273,532	865,995	0	865,995	65.01	
66.00 PHYSICAL THERAPY	660,172	739,865	1,400,037	0	1,400,037	66.00	
67.00 OCCUPATIONAL THERAPY	364,300	171,062	535,362	-9,585	525,777	67.00	
68.00 SPEECH PATHOLOGY	793,374	204,833	998,207	-8,131	990,076	68.00	
69.00 ELECTROCARDIOLOGY	1,175,349	809,281	1,984,630	300,593	2,285,223	69.00	
69.01 CARDIAC REHAB	416,931	28,693	445,624	0	445,624	69.01	
69.02 VASCULAR LAB	357,722	71,864	429,586	0	429,586	69.02	
69.03 ENDOSCOPY	1,925,059	1,142,253	3,067,312	-753,808	2,313,504	69.03	
69.04 CLINICAL NUTRITION	720,096	3,551	723,647	0	723,647	69.04	
70.00 ELECTROENCEPHALOGRAPHY	219,218	35,158	254,376	528,757	783,133	70.00	
70.01 ECT	171,972	37,166	209,138	0	209,138	70.01	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
70.00 PSYCHOTHERAPY	696,016	519,449	1,215,465	199,385	1,414,850	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,403,972	14,403,972	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,052,738	11,052,738	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	30,691,754	30,691,754	73.00
74.00 RENAL DIALYSIS	263,376	970,766	1,234,142	-48,532	1,185,610	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	9,723,393	3,280,865	13,004,258	-470,048	12,534,210	90.00
91.00 EMERGENCY	8,965,721	1,892,352	10,858,073	648,418	11,506,491	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	434,542	434,542	105.00
106.00 HEART ACQUISITION	0	0	0	141,647	141,647	106.00
107.00 LIVER ACQUISITION	0	0	0	141,474	141,474	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	2,360,107	2,360,107	0	2,360,107	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	191,503,215	357,233,019	548,736,234	-117,266	548,618,968	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,174	239,464	299,638	0	299,638	190.00
191.00 RESEARCH	0	272,768	272,768	0	272,768	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	528,372	600,393	1,128,765	0	1,128,765	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	124,395	124,395	194.01
194.02 POISON CONTROL	1,764,764	315,700	2,080,464	0	2,080,464	194.02
194.03 COMMUNITY EDUCATION	246,246	14,672	260,918	0	260,918	194.03
194.04 BILLABLE DEPARTMENTS	1,732,240	-296,691	1,435,549	0	1,435,549	194.04
194.05 MIS NONREIMBURSABLE	2,635,290	4,525,447	7,160,737	-7,129	7,153,608	194.05
194.06 RETAIL PHARMACY	558,881	4,353,497	4,912,378	0	4,912,378	194.06
200.00 TOTAL (SUM OF LINES 118-199)	199,029,182	367,258,269	566,287,451	0	566,287,451	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	681,982	12,040,168	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,898,833	15,397,537	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-16,945,873	39,619,452	4.00
5.00	ADMINISTRATIVE & GENERAL	-32,622,442	104,609,034	5.00
6.00	MAINTENANCE & REPAIRS	-1,629,915	1,973,197	6.00
7.00	OPERATION OF PLANT	-296,887	13,926,281	7.00
8.00	LAUNDRY & LINEN SERVICE	-114,315	1,807,449	8.00
9.00	HOUSEKEEPING	-33,328	6,527,487	9.00
10.00	DIETARY	-165	2,936,661	10.00
11.00	CAFETERIA	-3,724,056	2,731,934	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-100,196	6,130,022	13.00
14.00	CENTRAL SERVICES & SUPPLY	-12,192,292	4,231,779	14.00
15.00	PHARMACY	0	2,336,332	15.00
16.00	MEDICAL RECORDS & LIBRARY	-16,974	4,352,753	16.00
17.00	SOCIAL SERVICE	-7,515	2,914,196	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,495,304	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,421,478	18,626,126	22.00
23.00	PARAMED ED PRGM	0	507,637	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-10,558,680	31,881,678	30.00
31.00	INTENSIVE CARE UNIT	-127,711	4,912,803	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	-100	3,957,336	31.01
32.00	CORONARY CARE UNIT	-263	1,685,416	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	-228,118	16,417,174	35.00
40.00	SUBPROVIDER - I PF	-11,821	4,645,658	40.00
41.00	SUBPROVIDER - I RF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	495,317	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
45.01	ICF/MR	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-701,451	15,897,315	50.00
51.00	RECOVERY ROOM	-7,770	3,986,348	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-46,740	3,848,416	52.00
53.00	ANESTHESIOLOGY	-3,560,072	1,728,788	53.00
53.01	PAIN MANAGEMENT	-123,895	482,837	53.01
54.00	RADIOLOGY-DIAGNOSTIC	-783,516	6,710,128	54.00
55.00	RADIOLOGY-THERAPEUTIC	-70,414	2,016,096	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	-201,164	1,269,296	55.01
56.00	RADIOISOTOPE	0	0	56.00
56.01	ULTRA SOUND	-37,732	758,494	56.01
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-6,155	1,666,398	59.00
60.00	LABORATORY	-2,315,075	7,127,871	60.00
60.01	ANATOMIC PATHOLOGY	-115,685	2,322,867	60.01
60.02	LAB-STEM CELL	-6,460	80,675	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	-243,694	4,623,631	63.00
64.00	INTRAVENOUS THERAPY	-264,195	2,442,777	64.00
65.00	RESPIRATORY THERAPY	-48,813	5,675,020	65.00
65.01	SLEEP DISORDER	-4,026	861,969	65.01
66.00	PHYSICAL THERAPY	-444	1,399,593	66.00
67.00	OCCUPATIONAL THERAPY	0	525,777	67.00
68.00	SPEECH PATHOLOGY	-250	989,826	68.00
69.00	ELECTROCARDIOLOGY	-669,578	1,615,645	69.00
69.01	CARDIAC REHAB	-2,290	443,334	69.01
69.02	VASCULAR LAB	-227,402	202,184	69.02
69.03	ENDOSCOPY	-54,275	2,259,229	69.03
69.04	CLINICAL NUTRITION	-43,458	680,189	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	783,133	70.00
70.01	ECT	-2,850	206,288	70.01
70.02	PSYCHOTHERAPY	-417,051	997,799	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-198,069	14,205,903	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

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

Worksheet A  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,052,738	72.00
73.00	DRUGS CHARGED TO PATIENTS	-3,537,214	27,154,540	73.00
74.00	RENAL DIALYSIS	-1,306	1,184,304	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-3,331,410	9,202,800	90.00
91.00	EMERGENCY	-457,774	11,048,717	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	TRANSPORT	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	0	434,542	105.00
106.00	HEART ACQUISITION	0	141,647	106.00
107.00	LIVER ACQUISITION	0	141,474	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	INTEREST EXPENSE	-2,360,107	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-96,291,649	452,327,319	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	299,638	190.00
191.00	RESEARCH	0	272,768	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,128,765	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	FOUNDATION	0	124,395	194.01
194.02	POISON CONTROL	0	2,080,464	194.02
194.03	COMMUNITY EDUCATION	0	260,918	194.03
194.04	BILLABLE DEPARTMENTS	0	1,435,549	194.04
194.05	MISC NONREIMBURSABLE	0	7,153,608	194.05
194.06	RETAIL PHARMACY	0	4,912,378	194.06
200.00	TOTAL (SUM OF LINES 118-199)	-96,291,649	469,995,802	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6  
Date/Time Prepared:  
5/16/2012 11:11 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - RX/DRUG</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	5,626,634	25,065,120	1.00	
	TOTALS		5,626,634	25,065,120		
<b>B - NETWORK BHM</b>						
1.00	SOCIAL SERVICE	17.00	177,250	104,006	1.00	
2.00	SUBPROVIDER - IPF	40.00	413,854	242,841	2.00	
3.00	PSYCHOTHERAPY	70.02	125,654	73,731	3.00	
4.00	EMERGENCY	91.00	531,750	312,019	4.00	
	TOTALS		1,248,508	732,597		
<b>C - DIETARY</b>						
1.00	CAFETERIA	11.00	2,361,977	4,094,013	1.00	
	TOTALS		2,361,977	4,094,013		
<b>D - SM RX RESIDENTS</b>						
1.00	PARAMED ED PRGM	23.00	73,466	70,349	1.00	
	TOTALS		73,466	70,349		
<b>E - CG FOUNDATION</b>						
1.00	FOUNDATION	194.01	0	124,395	1.00	
	TOTALS		0	124,395		
<b>F - FRA</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	38,947,271	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	38,947,271		
<b>G - DEFAULT</b>						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	2,404,777	743,392	1.00	
	TOTALS		2,404,777	743,392		
<b>H - TRANSPORT SERVICES</b>						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	291,723	11	1.00	
	TOTALS		291,723	11		
<b>I - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,403,972	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,052,738	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	
	TOTALS		0	25,456,710		
<b>J - OTHER TRANSPLANT EXP</b>						
1.00	KIDNEY ACQUISITION	105.00	0	325,233	1.00	
2.00	HEART ACQUISITION	106.00	0	116,974	2.00	
3.00	LIVER ACQUISITION	107.00	0	132,897	3.00	
	TOTALS		0	575,104		
<b>K - SALARY TRANPLANT EXP</b>						
1.00	ADULTS & PEDIATRICS	30.00	110,008	0	1.00	
2.00	KIDNEY ACQUISITION	105.00	19,646	0	2.00	
3.00	HEART ACQUISITION	106.00	7,066	0	3.00	
4.00	LIVER ACQUISITION	107.00	8,027	0	4.00	
	TOTALS		144,747	0		
<b>L - SLU TRANSPLANT HLA EXPENSE</b>						
1.00	KIDNEY ACQUISITION	105.00	0	89,663	1.00	
2.00	HEART ACQUISITION	106.00	0	17,607	2.00	
3.00	LIVER ACQUISITION	107.00	0	550	3.00	
	TOTALS		0	107,820		

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>M - PHYSICIANS</b>					
1.00	ADULTS & PEDIATRICS	30.00	885,379	7,671,214	1.00
2.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	101,527	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	369,038	3.00
4.00	OPERATING ROOM	50.00	0	4,177,050	4.00
5.00	ANESTHESIOLOGY	53.00	0	415,858	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,662	6.00
7.00	ULTRASOUND	56.01	0	3,780	7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	14,166	8.00
9.00	ANATOMIC PATHOLOGY	60.01	0	52,886	9.00
10.00	RESPIRATORY THERAPY	65.00	0	159,517	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	300,593	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	528,757	12.00
13.00	RENAL DIALYSIS	74.00	0	85,381	13.00
14.00	CLINIC	90.00	0	195,598	14.00
15.00	EMERGENCY	91.00	0	234,280	15.00
	<b>TOTALS</b>		<b>885,379</b>	<b>14,348,307</b>	
<b>N - NURSERY</b>					
1.00	NURSERY	43.00	295,318	199,999	1.00
	<b>TOTALS</b>		<b>295,318</b>	<b>199,999</b>	
<b>O - DEFAULT</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,495,304	0	1.00
	<b>TOTALS</b>		<b>1,495,304</b>	<b>0</b>	
500.00	<b>Grand Total: Increases</b>		<b>14,827,833</b>	<b>110,465,088</b>	<b>500.00</b>

RECLASSIFICATIONS

Provider CCN: 260091

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

Worksheet A-6  
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - RX/DRUG</b>							
1.00	PHARMACY	15.00	5,626,634	25,065,120	0		1.00
	TOTALS		5,626,634	25,065,120			
<b>B - NETWORK BHM</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	1,248,508	732,597	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		1,248,508	732,597			
<b>C - DIETARY</b>							
1.00	DIETARY	10.00	2,361,977	4,094,013	0		1.00
	TOTALS		2,361,977	4,094,013			
<b>D - SM RX RESIDENTS</b>							
1.00	PHARMACY	15.00	73,466	70,349	0		1.00
	TOTALS		73,466	70,349			
<b>E - CG FOUNDATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124,395	0		1.00
	TOTALS		0	124,395			
<b>F - FRA</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,916,095	0		1.00
2.00	PHARMACY	15.00	0	31,176	0		2.00
	TOTALS		0	38,947,271			
<b>G - DEFAULT</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,404,777	743,392	0		1.00
	TOTALS		2,404,777	743,392			
<b>H - TRANSPORT SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	291,723	11	0		1.00
	TOTALS		291,723	11			
<b>I - CHARGEABLE SUPPLIES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	1,227,788	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	433,521	0		2.00
3.00	PEDIATRIC INTENSIVE CARE UNIT	31.01	0	398,234	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	60,902	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	374,273	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	2,472	0		6.00
7.00	OPERATING ROOM	50.00	0	13,376,521	0		7.00
8.00	RECOVERY ROOM	51.00	0	76,448	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	2,054	0		9.00
10.00	PAIN MANAGEMENT	53.01	0	64,525	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,173,114	0		11.00
12.00	ULTRASOUND	56.01	0	61,732	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	5,717,713	0		13.00
14.00	LABORATORY	60.00	0	2,380	0		14.00
15.00	ANATOMICAL PATHOLOGY	60.01	0	3,588	0		15.00
16.00	INTRAVENOUS THERAPY	64.00	0	44,685	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	428,917	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	9,585	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	8,131	0		19.00
20.00	ENDOSCOPY	69.03	0	753,808	0		20.00
21.00	RENAL DIALYSIS	74.00	0	133,913	0		21.00
22.00	CLINIC	90.00	0	665,646	0		22.00
23.00	EMERGENCY	91.00	0	429,631	0		23.00
24.00	MISC NONREIMBURSABLE	194.05	0	7,129	0		24.00
	TOTALS		0	25,456,710			
<b>J - OTHER TRANSPLANT EXP</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	575,104	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	575,104			
<b>K - SALARY TRANSPANT EXP</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	144,747	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
	TOTALS		144,747	0			
<b>L - SLU TRANSPLANT HLA EXPENSE</b>							
1.00	LABORATORY	60.00	0	107,820	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	107,820			

Provider CCN: 260091

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

Worksheet A-6

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
<b>M - PHYSICIANS</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	885,379	14,348,307	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	
	TOTALS		885,379	14,348,307			
<b>N - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	295,318	199,999	0	1.00	
	TOTALS		295,318	199,999			
<b>O - DEFAULT</b>							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,495,304	0	0	1.00	
	TOTALS		1,495,304	0			
500.00	Grand Total : Decreases		14,827,833	110,465,088		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	11,419,205	0	0	0	0	1.00
2.00	Land Improvements	7,971,495	1,425,991	0	1,425,991	19,161	2.00
3.00	Buildings and Fixtures	349,678,743	15,143,044	0	15,143,044	7,887	3.00
4.00	Building Improvements	7,017,846	259,245	0	259,245	168,049	4.00
5.00	Fixed Equipment	45,571,538	247,464	0	247,464	47,183	5.00
6.00	Movable Equipment	169,369,805	13,310,110	0	13,310,110	24,957,150	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	591,028,632	30,385,854	0	30,385,854	25,199,430	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	591,028,632	30,385,854	0	30,385,854	25,199,430	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
		<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,358,186	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,498,704	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	21,856,890	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
		<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

Period:  
From 01/01/2011  
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Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	11,419,205	0		1.00	
2.00	Land Improvements	9,378,325	0		2.00	
3.00	Buildings and Fixtures	364,813,900	0		3.00	
4.00	Building Improvements	7,109,042	0		4.00	
5.00	Fixed Equipment	45,771,819	0		5.00	
6.00	Movable Equipment	157,722,765	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	596,215,056	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	596,215,056	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,358,186		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	10,498,704		2.00	
3.00	Total (sum of lines 1-2)	0	21,856,890		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,040,168	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,397,537	0
3.00	Total (sum of lines 1-2)	0	0	0	27,437,705	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260091

Period:  
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Worksheet A-7  
Parts I-III  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	12,040,168	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,397,537	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	27,437,705	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
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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
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)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)	A	-19,915		NEW CAP REL COSTS-MVBLE EQUIP	2.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-19,098,173				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	-32,082,688				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)				OUTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT				NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP				NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist				NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant					0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 MI SC REVENUE	B	54		EMPLOYEE BENEFITS	4.00	33.00
33.01 MI SC REVENUE	B	-4,054,678		ADMINISTRATIVE & GENERAL	5.00	33.01
33.02 MI SC REVENUE	B	-296,887		OPERATION OF PLANT	7.00	33.02
33.03 MI SC REVENUE	B	-114,315		LAUNDRY & LINEN SERVICE	8.00	33.03
33.04 MI SC REVENUE	B	-30,186		HOUSEKEEPING	9.00	33.04
33.05 MI SC REVENUE	B	-3,724,056		CAFETERIA	11.00	33.05
33.06 MI SC REVENUE	B	-8,423		NURSING ADMINISTRATION	13.00	33.06
33.07 MI SC REVENUE	B	2,271,708		CENTRAL SERVICES & SUPPLY	14.00	33.07
33.08 MI SC REVENUE	B	-3,536,706		DRUGS CHARGED TO PATIENTS	73.00	33.08
33.09 MI SC REVENUE	B	-16,834		MEDICAL RECORDS & LIBRARY	16.00	33.09
33.10 MI SC REVENUE	B	-3,714		SOCIAL SERVICE	17.00	33.10
33.11 MI SC REVENUE	B	-65,461		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	33.11
33.12 MI SC REVENUE	B	-59,495		ADULTS & PEDIATRICS	30.00	33.12
33.13 MI SC REVENUE	B	-170		NEONATAL INTENSIVE CARE UNIT	35.00	33.13
33.14 MI SC REVENUE	B	-39,162		OPERATING ROOM	50.00	33.14
33.15 MI SC REVENUE	B	-7,770		RECOVERY ROOM	51.00	33.15
33.16 MI SC REVENUE	B	-4,522		ANESTHESIOLOGY	53.00	33.16
33.17 MI SC REVENUE	B	-781,590		RADIOLOGY-DIAGNOSTIC	54.00	33.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
33.18 MI SC REVENUE	B	-46,400	RADIOLOGY-THERAPEUTIC	55.00 33.18
33.19 MI SC REVENUE	B	-18,778	NUCLEAR MEDICINE-DIAGNOSTIC	55.01 33.19
33.20 MI SC REVENUE	B	-37,720	ULTRA SOUND	56.01 33.20
33.21 MI SC REVENUE	B	-2,060,597	LABORATORY	60.00 33.21
33.22 MI SC REVENUE	B	-4,141	ANATOMICAL PATHOLOGY	60.01 33.22
33.23 MI SC REVENUE	B	-6,460	LAB-STEM CELL	60.02 33.23
33.24 MI SC REVENUE	B	-243,694	BLOOD STORING, PROCESSING & TRANS.	63.00 33.24
33.25 MI SC REVENUE	B	-65,068	INTRAVENOUS THERAPY	64.00 33.25
33.26 MI SC REVENUE	B	-45,725	RESPIRATORY THERAPY	65.00 33.26
33.27 MI SC REVENUE	B	-444	PHYSICAL THERAPY	66.00 33.27
33.28 MI SC REVENUE	B	-250	SPEECH PATHOLOGY	68.00 33.28
33.29 MI SC REVENUE	B	-61,424	ELECTROCARDIOLOGY	69.00 33.29
33.30 MI SC REVENUE	B	-5,516	CARDIAC CATHETERIZATION	59.00 33.30
33.31 MI SC REVENUE	B	-225,093	VASCULAR LAB	69.02 33.31
33.32 MI SC REVENUE	B	-54,275	ENDOSCOPY	69.03 33.32
33.33 MI SC REVENUE	B	-43,458	CLINICAL NUTRITION	69.04 33.33
33.34 MI SC REVENUE	B	-1,306	RENAL DIALYSIS	74.00 33.34
33.35 MI SC REVENUE	B	-83,773	CLINIC	90.00 33.35
33.36 MI SC REVENUE	B	-23,393	EMERGENCY	91.00 33.36
33.37 TELEPHONES	A	-28,209	ADMINISTRATIVE & GENERAL	5.00 33.37
34.00 INTEREST EXPENSE	B	-515,418	ADMINISTRATIVE & GENERAL	5.00 34.00
34.01 INTEREST EXPENSE	B	-2,360,107	INTEREST EXPENSE	113.00 34.01
35.00 TEACHING RCE	A	-1,658	ADMINISTRATIVE & GENERAL	5.00 35.00
35.01 TEACHING RCE	A	-3,349,686	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 35.01
35.02 TEACHING RCE	A	-2,281	INTENSIVE CARE UNIT	31.00 35.02
35.03 TEACHING RCE	A	-1,143	CLINIC	90.00 35.03
36.00 NONALLOWABLE A&G	A	298	ADMINISTRATIVE & GENERAL	5.00 36.00
38.00 FRA EXPENSE MCR ADJUSTMENT	A	-8,278,481	ADMINISTRATIVE & GENERAL	5.00 38.00
39.00 LOBBYING EXPENSE	A	-42,222	ADMINISTRATIVE & GENERAL	5.00 39.00
40.00 BAD DEBT EXPENSE	A	-14,464,000	CENTRAL SERVICES & SUPPLY	14.00 40.00
41.00 NON MED TRANSPORTATION	A	-34	INTENSIVE CARE UNIT	31.00 41.00
41.01 NON MED TRANSPORTATION	A	-36	NEONATAL INTENSIVE CARE UNIT	35.00 41.01
41.02 NON MED TRANSPORTATION	A	-5,144	SUBPROVIDER - IPF	40.00 41.02
41.03 NON MED TRANSPORTATION	A	-402,361	PSYCHOTHERAPY	70.02 41.03
41.04 NON MED TRANSPORTATION	A	-170,615	CLINIC	90.00 41.04
42.00 ADVERTISING	A	-116,530	ADMINISTRATIVE & GENERAL	5.00 42.00
42.01 ADVERTISING	A	-3,236	NURSING ADMINISTRATION	13.00 42.01
42.02 ADVERTISING	A	-414	DRUGS CHARGED TO PATIENTS	73.00 42.02
42.03 ADVERTISING	A	-6,028	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 42.03
42.04 ADVERTISING	A	-14,462	ADULTS & PEDIATRICS	30.00 42.04
42.05 ADVERTISING	A	-30	CORONARY CARE UNIT	32.00 42.05
42.06 ADVERTISING	A	-678	RADIOLOGY-DIAGNOSTIC	54.00 42.06
42.07 ADVERTISING	A	-599	CARDIAC CATHETERIZATION	59.00 42.07
42.08 ADVERTISING	A	-58,914	CLINIC	90.00 42.08
42.09 ADVERTISING	A	-48	EMERGENCY	91.00 42.09
43.00 ENTERTAINMENT	A	-38,085	ADMINISTRATIVE & GENERAL	5.00 43.00
43.01 ENTERTAINMENT	A	-3,074	HOUSEKEEPING	9.00 43.01
43.02 ENTERTAINMENT	A	-15	DIETARY	10.00 43.02
43.03 ENTERTAINMENT	A	-201	RADIOLOGY-DIAGNOSTIC	54.00 43.03
43.04 ENTERTAINMENT	A	-12	ULTRA SOUND	56.01 43.04
43.05 ENTERTAINMENT	A	-98	VASCULAR LAB	69.02 43.05
43.06 ENTERTAINMENT	A	-75	CLINIC	90.00 43.06
43.07 ENTERTAINMENT	A	-793	EMERGENCY	91.00 43.07
44.00 CONTRIBUTIONS	A	-101,918	ADMINISTRATIVE & GENERAL	5.00 44.00
44.01 CONTRIBUTIONS	A	-68	HOUSEKEEPING	9.00 44.01
44.02 CONTRIBUTIONS	A	-150	DIETARY	10.00 44.02
44.03 CONTRIBUTIONS	A	-5,532	NURSING ADMINISTRATION	13.00 44.03
44.04 CONTRIBUTIONS	A	-94	DRUGS CHARGED TO PATIENTS	73.00 44.04
44.05 CONTRIBUTIONS	A	-140	MEDICAL RECORDS & LIBRARY	16.00 44.05
44.06 CONTRIBUTIONS	A	-3,801	SOCIAL SERVICE	17.00 44.06
44.07 CONTRIBUTIONS	A	-303	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 44.07
44.08 CONTRIBUTIONS	A	-16,330	ADULTS & PEDIATRICS	30.00 44.08
44.09 CONTRIBUTIONS	A	-186	INTENSIVE CARE UNIT	31.00 44.09
44.10 CONTRIBUTIONS	A	-100	PEDIATRIC INTENSIVE CARE UNIT	31.01 44.10

Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
44.11 CONTRIBUTIONS	A	-233	CORONARY CARE UNIT	32.00	44.11
44.12 CONTRIBUTIONS	A	-458	SUBPROVIDER - IPF	40.00	44.12
44.13 CONTRIBUTIONS	A	-541	OPERATING ROOM	50.00	44.13
44.14 CONTRIBUTIONS	A	-1,047	RADIOLOGY-DIAGNOSTIC	54.00	44.14
44.15 CONTRIBUTIONS	A	-64	RADIOLOGY-THERAPEUTIC	55.00	44.15
44.16 CONTRIBUTIONS	A	-78	LABORATORY	60.00	44.16
44.17 CONTRIBUTIONS	A	-32	ANATOMICAL PATHOLOGY	60.01	44.17
44.18 CONTRIBUTIONS	A	-1,201	INTRAVENOUS THERAPY	64.00	44.18
44.19 CONTRIBUTIONS	A	-72	RESPIRATORY THERAPY	65.00	44.19
44.20 CONTRIBUTIONS	A	-596	ELECTROCARDIOLOGY	69.00	44.20
44.21 CONTRIBUTIONS	A	-40	CARDIAC CATHETERIZATION	59.00	44.21
44.22 CONTRIBUTIONS	A	-2,353	CLINIC	90.00	44.22
44.23 CONTRIBUTIONS	A	-2,440	EMERGENCY	91.00	44.23
45.00 POB GARAGE	A	-271,700	ADMINISTRATIVE & GENERAL	5.00	45.00
45.02 NURSE PRACTITIONER	A	-1,675	ADMINISTRATIVE & GENERAL	5.00	45.02
45.03 NURSE PRACTITIONER	A	-83,005	NURSING ADMINISTRATION	13.00	45.03
45.04 NURSE PRACTITIONER	A	-161,211	ADULTS & PEDIATRICS	30.00	45.04
45.05 NURSE PRACTITIONER	A	-194,864	OPERATING ROOM	50.00	45.05
45.06 NURSE PRACTITIONER	A	-182,156	INTRAVENOUS THERAPY	64.00	45.06
45.07 NURSE PRACTITIONER	A	-92,671	ELECTROCARDIOLOGY	69.00	45.07
45.08 NURSE PRACTITIONER	A	-186,581	CLINIC	90.00	45.08
45.09 NURSE PRACTITIONER	A	-415,122	EMERGENCY	91.00	45.09
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-96,291,649			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	9	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
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	MI SC REVENUE	0	33.00
33.01	MI SC REVENUE	0	33.01
33.02	MI SC REVENUE	0	33.02
33.03	MI SC REVENUE	0	33.03
33.04	MI SC REVENUE	0	33.04
33.05	MI SC REVENUE	0	33.05
33.06	MI SC REVENUE	0	33.06
33.07	MI SC REVENUE	0	33.07
33.08	MI SC REVENUE	0	33.08
33.09	MI SC REVENUE	0	33.09
33.10	MI SC REVENUE	0	33.10
33.11	MI SC REVENUE	0	33.11
33.12	MI SC REVENUE	0	33.12
33.13	MI SC REVENUE	0	33.13
33.14	MI SC REVENUE	0	33.14
33.15	MI SC REVENUE	0	33.15
33.16	MI SC REVENUE	0	33.16
33.17	MI SC REVENUE	0	33.17
33.18	MI SC REVENUE	0	33.18
33.19	MI SC REVENUE	0	33.19
33.20	MI SC REVENUE	0	33.20
33.21	MI SC REVENUE	0	33.21
33.22	MI SC REVENUE	0	33.22
33.23	MI SC REVENUE	0	33.23
33.24	MI SC REVENUE	0	33.24
33.25	MI SC REVENUE	0	33.25
33.26	MI SC REVENUE	0	33.26
33.27	MI SC REVENUE	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	MISC REVENUE	0	33.28
33.29	MISC REVENUE	0	33.29
33.30	MISC REVENUE	0	33.30
33.31	MISC REVENUE	0	33.31
33.32	MISC REVENUE	0	33.32
33.33	MISC REVENUE	0	33.33
33.34	MISC REVENUE	0	33.34
33.35	MISC REVENUE	0	33.35
33.36	MISC REVENUE	0	33.36
33.37	TELEPHONES	0	33.37
34.00	INTEREST EXPENSE	0	34.00
34.01	INTEREST EXPENSE	0	34.01
35.00	TEACHING RCE	0	35.00
35.01	TEACHING RCE	0	35.01
35.02	TEACHING RCE	0	35.02
35.03	TEACHING RCE	0	35.03
36.00	NONALLOWABLE A&G	0	36.00
38.00	FRA EXPENSE MCR ADJUSTMENT	0	38.00
39.00	LOBBYING EXPENSE	0	39.00
40.00	BAD DEBT EXPENSE	0	40.00
41.00	NON MED TRANSPORTATION	0	41.00
41.01	NON MED TRANSPORTATION	0	41.01
41.02	NON MED TRANSPORTATION	0	41.02
41.03	NON MED TRANSPORTATION	0	41.03
41.04	NON MED TRANSPORTATION	0	41.04
42.00	ADVERTISING	0	42.00
42.01	ADVERTISING	0	42.01
42.02	ADVERTISING	0	42.02
42.03	ADVERTISING	0	42.03
42.04	ADVERTISING	0	42.04
42.05	ADVERTISING	0	42.05
42.06	ADVERTISING	0	42.06
42.07	ADVERTISING	0	42.07
42.08	ADVERTISING	0	42.08
42.09	ADVERTISING	0	42.09
43.00	ENTERTAINMENT	0	43.00
43.01	ENTERTAINMENT	0	43.01
43.02	ENTERTAINMENT	0	43.02
43.03	ENTERTAINMENT	0	43.03
43.04	ENTERTAINMENT	0	43.04
43.05	ENTERTAINMENT	0	43.05
43.06	ENTERTAINMENT	0	43.06
43.07	ENTERTAINMENT	0	43.07
44.00	CONTRIBUTIONS	0	44.00
44.01	CONTRIBUTIONS	0	44.01
44.02	CONTRIBUTIONS	0	44.02
44.03	CONTRIBUTIONS	0	44.03
44.04	CONTRIBUTIONS	0	44.04
44.05	CONTRIBUTIONS	0	44.05
44.06	CONTRIBUTIONS	0	44.06
44.07	CONTRIBUTIONS	0	44.07
44.08	CONTRIBUTIONS	0	44.08
44.09	CONTRIBUTIONS	0	44.09
44.10	CONTRIBUTIONS	0	44.10
44.11	CONTRIBUTIONS	0	44.11
44.12	CONTRIBUTIONS	0	44.12
44.13	CONTRIBUTIONS	0	44.13
44.14	CONTRIBUTIONS	0	44.14
44.15	CONTRIBUTIONS	0	44.15
44.16	CONTRIBUTIONS	0	44.16
44.17	CONTRIBUTIONS	0	44.17
44.18	CONTRIBUTIONS	0	44.18
44.19	CONTRIBUTIONS	0	44.19
44.20	CONTRIBUTIONS	0	44.20
44.21	CONTRIBUTIONS	0	44.21
44.22	CONTRIBUTIONS	0	44.22
44.23	CONTRIBUTIONS	0	44.23
45.00	POB GARAGE	0	45.00
45.02	NURSE PRACTICER	0	45.02
45.03	NURSE PRACTICER	0	45.03
45.04	NURSE PRACTICER	0	45.04
45.05	NURSE PRACTICER	0	45.05
45.06	NURSE PRACTICER	0	45.06
45.07	NURSE PRACTICER	0	45.07
45.08	NURSE PRACTICER	0	45.08

ADJUSTMENTS TO EXPENSES		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		Wkst.	A-7 Ref.		
		5.00			
45.09	NURSE PRACTITIONER		0		
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			45.09	50.00

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

Provider CCN: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/16/2012 11:11 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.00
4.01	6.00	MAINTENANCE & REPAIRS	HOME OFFICE CES	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	HOME OFFICE	4.02
4.03	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	NETWORK CORP 130	4.05
4.06	4.00	EMPLOYEE BENEFITS	OTHER INTERCO	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	OTHER INTERCO	4.07
4.08	13.00	NURSING ADMINISTRATION	OTHER INTERCO	4.08
4.09	30.00	ADULTS & PEDIATRICS	OTHER INTERCO	4.09
4.10	55.00	RADIOLOGY-THERAPEUTIC	OTHER INTERCO	4.10
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	G	SSM HEALTH CARE	100.00	6.00
7.00	G	SSM HEALTH CARE	0.00	7.00
8.00	G	SSM INFO CENTER	0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G	Other (financial or non-financial) specify: CHURCH		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: 260091

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

Worksheet A-8-1

Date/Time Prepared: 5/16/2012 11:11 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	23,971,886	40,916,403	-16,944,517	0	1.00
2.00	681,982	0	681,982	9	2.00
3.00	4,918,748	0	4,918,748	9	3.00
4.00	15,800,094	29,420,271	-13,620,177	0	4.00
4.01	0	1,629,915	-1,629,915	0	4.01
4.02	-198,069	0	-198,069	0	4.02
4.03	2,540,165	2,540,165	0	11	4.03
4.04	515,418	515,418	0	0	4.04
4.05	48,040,253	53,330,990	-5,290,737	0	4.05
4.06	354,059	354,059	0	0	4.06
4.07	1,690,913	1,690,916	-3	0	4.07
4.08	1,042,701	1,042,701	0	0	4.08
4.09	182,533	182,533	0	0	4.09
4.10	122,610	122,610	0	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	99,663,293	131,745,981	-32,082,688	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	FRAN SISTERS OF MARY	0.00	HOME OFFICE	6.00
7.00	FRAN SISTERS OF MARY	100.00	ST LOUIS NETWORK	7.00
8.00	FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES	8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
5/16/2012 11:11 am

	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	1,410	1,410	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	696,241	2,291	2.00
3.00	30.00	ADULTS & PEDIATRICS	15,709,056	8,976,861	3.00
4.00	31.00	INTENSIVE CARE UNIT	148,297	112,609	4.00
5.00	35.00	NEONATAL INTENSIVE CARE UNIT	227,912	227,912	5.00
6.00	40.00	SUBPROVIDER - IPF	24,000	0	6.00
7.00	50.00	OPERATING ROOM	553,384	418,661	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	46,740	46,740	8.00
9.00	53.00	ANESTHESIOLOGY	3,574,424	3,553,370	9.00
10.00	53.01	PAIN MANAGEMENT	123,895	123,895	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	11,411	0	11.00
12.00	55.00	RADIOLOGY-THERAPEUTIC	70,960	0	12.00
13.00	55.01	NUCLEAR MEDICINE-DIAGNOSTIC	186,108	182,386	13.00
14.00	60.00	LABORATORY	254,400	254,400	14.00
15.00	60.01	ANATOMIC PATHOLOGY	111,512	111,512	15.00
16.00	64.00	INTRAVENOUS THERAPY	32,297	0	16.00
17.00	65.00	RESPIRATORY THERAPY	9,320	0	17.00
18.00	65.01	SLEEP DISORDER	7,348	0	18.00
19.00	69.00	ELECTROCARDIOLOGY	534,566	458,080	19.00
20.00	69.01	CARDIAC REHAB	7,657	0	20.00
21.00	69.02	VASCULAR LAB	4,596	0	21.00
22.00	70.01	ECT	11,000	0	22.00
23.00	70.02	PSYCHOTHERAPY	90,000	0	23.00
24.00	90.00	CLINIC	2,924,223	2,816,333	24.00
25.00	91.00	EMERGENCY	15,978	15,978	25.00
200.00			25,376,735	17,302,438	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

Worksheet A-8-2

Date/Time Prepared:  
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	177,200	0	0	0	1.00
2.00	693,950	177,200	5,106	434,992	21,750	2.00
3.00	6,732,195	177,200	63,408	5,401,874	270,094	3.00
4.00	35,688	177,200	271	23,087	1,154	4.00
5.00	0	177,200	0	0	0	5.00
6.00	24,000	154,100	240	17,781	889	6.00
7.00	134,723	208,000	865	86,500	4,325	7.00
8.00	0	196,400	0	0	0	8.00
9.00	21,054	200,300	196	18,874	944	9.00
10.00	0	177,200	0	0	0	10.00
11.00	11,411	225,300	106	11,482	574	11.00
12.00	70,960	225,300	434	47,010	2,351	12.00
13.00	3,722	225,300	42	4,549	227	13.00
14.00	0	215,700	0	0	0	14.00
15.00	0	215,700	0	0	0	15.00
16.00	32,297	177,200	194	16,527	826	16.00
17.00	9,320	177,200	74	6,304	315	17.00
18.00	7,348	177,200	39	3,322	166	18.00
19.00	76,486	177,200	231	19,679	984	19.00
20.00	7,657	177,200	63	5,367	268	20.00
21.00	4,596	177,200	28	2,385	119	21.00
22.00	11,000	154,100	110	8,150	408	22.00
23.00	90,000	177,200	884	75,310	3,766	23.00
24.00	107,890	177,200	1,130	96,267	4,813	24.00
25.00	0	177,200	0	0	0	25.00
200.00	8,074,297		73,421	6,279,460	313,973	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

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Date/Time Prepared:  
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	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	434,992	2.00
3.00	0	0	0	0	5,401,874	3.00
4.00	0	0	0	0	23,087	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	17,781	6.00
7.00	0	0	0	0	86,500	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	18,874	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	11,482	11.00
12.00	0	0	0	0	47,010	12.00
13.00	0	0	0	0	4,549	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	16,527	16.00
17.00	0	0	0	0	6,304	17.00
18.00	0	0	0	0	3,322	18.00
19.00	0	0	0	0	19,679	19.00
20.00	0	0	0	0	5,367	20.00
21.00	0	0	0	0	2,385	21.00
22.00	0	0	0	0	8,150	22.00
23.00	0	0	0	0	75,310	23.00
24.00	0	0	0	0	96,267	24.00
25.00	0	0	0	0	0	25.00
200.00	0	0	0	0	6,279,460	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260091

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

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Date/Time Prepared:  
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	RCE	Adjustment	
	Disallowance	18.00	
1.00	0	1,410	1.00
2.00	258,958	261,249	2.00
3.00	1,330,321	10,307,182	3.00
4.00	12,601	125,210	4.00
5.00	0	227,912	5.00
6.00	6,219	6,219	6.00
7.00	48,223	466,884	7.00
8.00	0	46,740	8.00
9.00	2,180	3,555,550	9.00
10.00	0	123,895	10.00
11.00	0	0	11.00
12.00	23,950	23,950	12.00
13.00	0	182,386	13.00
14.00	0	254,400	14.00
15.00	0	111,512	15.00
16.00	15,770	15,770	16.00
17.00	3,016	3,016	17.00
18.00	4,026	4,026	18.00
19.00	56,807	514,887	19.00
20.00	2,290	2,290	20.00
21.00	2,211	2,211	21.00
22.00	2,850	2,850	22.00
23.00	14,690	14,690	23.00
24.00	11,623	2,827,956	24.00
25.00	0	15,978	25.00
200.00	1,795,735	19,098,173	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	12,040,168	12,040,168				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	15,397,537		15,397,537			2.00
4.00 EMPLOYEE BENEFITS	39,619,452	53,864	3,969	39,677,285		4.00
5.00 ADMINISTRATIVE & GENERAL	104,609,034	2,315,643	1,987,341	6,949,617	115,861,635	5.00
6.00 MAINTENANCE & REPAIRS	1,973,197	64,078	0	0	2,037,275	6.00
7.00 OPERATION OF PLANT	13,926,281	1,853,057	957,242	582,153	17,318,733	7.00
8.00 LAUNDRY & LINEN SERVICE	1,807,449	86,251	1,401	54,049	1,949,150	8.00
9.00 HOUSEKEEPING	6,527,487	206,145	15,879	840,775	7,590,286	9.00
10.00 DIETARY	2,936,661	115,491	185,022	214,388	3,451,562	10.00
11.00 CAFETERIA	2,731,934	232,782	0	471,288	3,436,004	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,130,022	24,409	243,373	1,076,091	7,473,895	13.00
14.00 CENTRAL SERVICES & SUPPLY	4,231,779	269,250	0	203,651	4,704,680	14.00
15.00 PHARMACY	2,336,332	71,458	19,295	77,204	2,504,289	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,352,753	132,091	9,671	559,045	5,053,560	16.00
17.00 SOCIAL SERVICE	2,914,196	10,903	2,053	528,708	3,455,860	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,495,304	0	0	298,360	1,793,664	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	18,626,126	330,142	4,784	106,352	19,067,404	22.00
23.00 PARAMED ED PRGM	507,637	2,374	0	83,745	593,756	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	31,881,678	2,026,463	1,006,402	6,447,589	41,362,132	30.00
31.00 INTENSIVE CARE UNIT	4,912,803	135,322	109,390	921,588	6,079,103	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	3,957,336	63,365	134,854	691,480	4,847,035	31.01
32.00 CORONARY CARE UNIT	1,685,416	59,736	79,322	313,052	2,137,526	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	16,417,174	256,907	476,360	2,967,616	20,118,057	35.00
40.00 SUBPROVIDER - IPF	4,645,658	143,813	8,891	796,124	5,594,486	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	495,317	12,495	0	58,925	566,737	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,897,315	640,913	2,199,867	1,598,320	20,336,415	50.00
51.00 RECOVERY ROOM	3,986,348	146,600	42,516	753,704	4,929,168	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,848,416	52,409	100,824	611,953	4,613,602	52.00
53.00 ANESTHESIOLOGY	1,728,788	27,770	301,421	43,466	2,101,445	53.00
53.01 PAIN MANAGEMENT	482,837	0	25,355	74,142	582,334	53.01
54.00 RADIOLOGY-DIAGNOSTIC	6,710,128	242,781	1,925,644	1,042,193	9,920,746	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,016,096	34,653	569,845	197,290	2,817,884	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	1,269,296	35,381	11,790	100,568	1,417,035	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRA SOUND	758,494	19,187	47,895	153,392	978,968	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,666,398	77,760	1,516,583	291,844	3,552,585	59.00
60.00 LABORATORY	7,127,871	201,175	119,831	725,563	8,174,440	60.00
60.01 ANATOMICAL PATHOLOGY	2,322,867	76,236	182,369	283,469	2,864,941	60.01
60.02 LAB-STEM CELL	80,675	0	0	469	81,144	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	4,623,631	14,379	31,672	366,806	5,036,488	63.00
64.00 INTRAVENOUS THERAPY	2,442,777	91,496	32,318	376,850	2,943,441	64.00
65.00 RESPIRATORY THERAPY	5,675,020	39,178	325,207	656,648	6,696,053	65.00
65.01 SLEEP DISORDER	861,969	14,134	27,099	118,215	1,021,417	65.01
66.00 PHYSICAL THERAPY	1,399,593	214,513	5,495	131,725	1,751,326	66.00
67.00 OCCUPATIONAL THERAPY	525,777	21,247	842	72,689	620,555	67.00
68.00 SPEECH PATHOLOGY	989,826	17,824	22,631	158,303	1,188,584	68.00
69.00 ELECTROCARDIOLOGY	1,615,645	24,363	332,610	234,519	2,207,137	69.00
69.01 CARDIAC REHAB	443,334	39,676	19,591	83,191	585,792	69.01
69.02 VASCULAR LAB	202,184	66,045	191,117	71,377	530,723	69.02
69.03 ENDOSCOPY	2,259,229	128,232	541,966	384,109	3,313,536	69.03
69.04 CLINICAL NUTRITION	680,189	6,263	91	143,681	830,224	69.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
70.00 ELECTROENCEPHALOGRAPHY	783,133	18,781	38,986	43,741	884,641	70.00
70.01 ECT	206,288	26,285	0	34,314	266,887	70.01
70.02 PSYCHOTHERAPY	997,799	42,455	0	163,949	1,204,203	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,205,903	0	0	0	14,205,903	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	11,052,738	0	0	0	11,052,738	72.00
73.00 DRUGS CHARGED TO PATIENTS	27,154,540	0	0	1,122,688	28,277,228	73.00
74.00 RENAL DIALYSIS	1,184,304	15,374	26,664	52,552	1,278,894	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	9,202,800	840,374	293,880	1,940,118	12,277,172	90.00
91.00 EMERGENCY	11,048,717	281,454	850,517	1,895,040	14,075,728	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	434,542	237	0	3,920	438,699	105.00
106.00 HEART ACQUISITION	141,647	84	0	1,410	143,141	106.00
107.00 LIVER ACQUISITION	141,474	100	0	1,602	143,176	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	452,327,319	11,923,398	15,029,875	38,175,620	450,341,222	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	299,638	26,606	0	12,007	338,251	190.00
191.00 RESEARCH	272,768	1,034	1,349	0	275,151	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,128,765	64,973	26,839	105,427	1,326,004	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	124,395	4,885	5,072	0	134,352	194.01
194.02 POISON CONTROL	2,080,464	0	130,441	352,125	2,563,030	194.02
194.03 COMMUNITY EDUCATION	260,918	1,340	4,079	49,134	315,471	194.03
194.04 BILLABLE DEPARTMENTS	1,435,549	0	0	345,636	1,781,185	194.04
194.05 MISC NONREIMBURSABLE	7,153,608	17,932	192,798	525,822	7,890,160	194.05
194.06 RETAIL PHARMACY	4,912,378	0	7,084	111,514	5,030,976	194.06
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)	469,995,802	12,040,168	15,397,537	39,677,285	469,995,802	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	115,861,635					5.00
6.00	MAINTENANCE & REPAIRS	666,533	2,703,808				6.00
7.00	OPERATION OF PLANT	5,666,153	521,550	23,506,436			7.00
8.00	LAUNDRY & LINEN SERVICE	637,701	24,276	261,487	2,872,614		8.00
9.00	HOUSEKEEPING	2,483,306	58,020	624,970	69,324	10,825,906	9.00
10.00	DIETARY	1,129,244	32,505	350,136	0	167,575	10.00
11.00	CAFETERIA	1,124,154	65,517	705,726	0	337,760	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,445,227	6,870	74,001	0	35,417	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,539,225	75,781	816,287	0	390,674	14.00
15.00	PHARMACY	819,326	20,112	216,641	0	103,684	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,653,368	37,177	400,460	0	191,660	16.00
17.00	SOCIAL SERVICE	1,130,650	3,069	33,054	0	15,820	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	586,831	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,238,263	92,920	1,000,895	1,485	479,028	22.00
23.00	PARAMED ED PRGM	194,259	668	7,196	0	3,444	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	13,532,320	570,356	6,143,646	1,224,455	2,940,341	30.00
31.00	INTENSIVE CARE UNIT	1,988,894	38,087	410,256	113,691	196,348	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,585,800	17,834	192,106	10,879	91,942	31.01
32.00	CORONARY CARE UNIT	699,332	16,813	181,103	60,825	86,676	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	6,582,005	72,307	778,868	70,377	372,766	35.00
40.00	SUBPROVIDER - I/PF	1,830,342	40,477	435,998	48,874	208,668	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	185,419	3,517	37,883	23,768	18,131	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	6,653,445	180,387	1,943,062	242,370	929,948	50.00
51.00	RECOVERY ROOM	1,612,671	41,261	444,447	64,627	212,712	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,509,428	14,751	158,889	163,688	76,044	52.00
53.00	ANESTHESIOLOGY	687,528	7,816	84,191	0	40,294	53.00
53.01	PAIN MANAGEMENT	190,522	0	0	5,199	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	3,245,761	68,332	736,041	135,680	352,269	54.00
55.00	RADIOLOGY-THERAPEUTIC	921,924	9,753	105,059	1,535	50,281	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	463,610	9,958	107,264	8,483	51,337	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	320,288	5,400	58,170	4,456	27,840	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,162,296	21,886	235,745	44,337	112,827	59.00
60.00	LABORATORY	2,674,423	56,622	609,905	0	291,900	60.00
60.01	ANATOMICAL PATHOLOGY	937,320	21,457	231,126	0	110,617	60.01
60.02	LAB-STEM CELL	26,548	0	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,647,783	4,047	43,593	0	20,864	63.00
64.00	INTRAVENOUS THERAPY	963,003	25,752	277,388	1,783	132,758	64.00
65.00	RESPIRATORY THERAPY	2,190,741	11,027	118,778	0	56,847	65.00
65.01	SLEEP DISORDER	334,176	3,978	42,850	0	20,508	65.01
66.00	PHYSICAL THERAPY	572,980	60,375	650,341	40,817	311,253	66.00
67.00	OCCUPATIONAL THERAPY	203,026	5,980	64,414	17,152	30,829	67.00
68.00	SPEECH PATHOLOGY	388,868	5,017	54,038	0	25,863	68.00
69.00	ELECTROCARDIOLOGY	722,107	6,857	73,862	525	35,350	69.00
69.01	CARDIAC REHAB	191,653	11,167	120,287	5,893	57,569	69.01
69.02	VASCULAR LAB	173,636	18,589	200,230	3,714	95,830	69.02
69.03	ENDOSCOPY	1,084,086	36,091	388,761	44,640	186,061	69.03
69.04	CLINICAL NUTRITION	271,624	1,763	18,988	0	9,088	69.04
70.00	ELECTROENCEPHALOGRAPHY	289,427	5,286	56,940	25,928	27,251	70.00
70.01	ECT	87,317	7,398	79,688	0	38,139	70.01
70.02	PSYCHOTHERAPY	393,978	11,949	128,713	0	61,602	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,647,731	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,616,113	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
73.00 DRUGS CHARGED TO PATIENTS	9,251,432	0	0	0	0	73.00
74.00 RENAL DIALYSIS	418,414	4,327	46,610	0	22,308	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,016,710	236,526	2,547,768	114,380	1,219,360	90.00
91.00 EMERGENCY	4,605,142	79,216	853,287	311,017	408,383	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	143,529	67	720	0	344	105.00
106.00 HEART ACQUISITION	46,831	24	255	0	122	106.00
107.00 LIVER ACQUISITION	46,843	28	302	0	144	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	109,431,266	2,670,943	23,152,425	2,859,902	10,656,476	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,665	7,488	80,663	0	38,605	190.00
191.00 RESEARCH	90,021	291	3,134	0	1,500	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	433,827	18,287	196,980	12,712	94,275	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	43,956	1,375	14,809	0	7,088	194.01
194.02 POISON CONTROL	838,544	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	103,212	377	4,062	0	1,944	194.03
194.04 BILLABLE DEPARTMENTS	582,749	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	2,581,416	5,047	54,363	0	26,018	194.05
194.06 RETAIL PHARMACY	1,645,979	0	0	0	0	194.06
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)	115,861,635	2,703,808	23,506,436	2,872,614	10,825,906	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260091			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	5,131,022						10.00
11.00	CAFETERIA	0	5,669,161					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	199,061	0	10,234,471			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	68,228	0	0	7,594,875		14.00
15.00	PHARMACY	0	10,040	0	0	43,703		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	163,727	0	39,832	15		16.00
17.00	SOCIAL SERVICE	0	96,655	0	108,531	36		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	77,113	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,598	108		22.00
23.00	PARAMED ED PRGM	0	11,530	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	2,966,441	1,275,691	0	3,731,688	408,888		30.00
31.00	INTENSIVE CARE UNIT	243,435	161,750	0	488,775	123,626		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	160,240	134,787	0	392,579	51,951		31.01
32.00	CORONARY CARE UNIT	91,772	54,362	0	176,888	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	970,430	499,168	0	1,328,499	229,340		35.00
40.00	SUBPROVIDER - IPF	498,152	164,600	0	382,471	10,863		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	200,552	12,326	0	20,301	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
45.01	ICF/MR	0	0	0	0	0		45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	317,183	0	550,279	66,766		50.00
51.00	RECOVERY ROOM	0	122,462	0	366,881	24,774		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	110,059	0	282,506	1,394		52.00
53.00	ANESTHESIOLOGY	0	13,456	0	44,886	212,567		53.00
53.01	PAIN MANAGEMENT	0	12,557	0	35,635	1,457		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	218,346	0	42,659	17,083		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	24,035	0	16,104	1,979		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	12,968	0	5,482	3,446		55.01
56.00	RADIOISOTOPE	0	0	0	0	0		56.00
56.01	ULTRA SOUND	0	24,369	0	0	1,133		56.01
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	46,119	0	115,555	433		59.00
60.00	LABORATORY	0	138,049	0	171	117,118		60.00
60.01	ANATOMICAL PATHOLOGY	0	65,506	0	0	73,442		60.01
60.02	LAB-STEM CELL	0	103	0	0	0		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	111,214	0	2,998	69,987		63.00
64.00	INTRAVENOUS THERAPY	0	54,259	0	145,108	54,717		64.00
65.00	RESPIRATORY THERAPY	0	130,576	0	86	2		65.00
65.01	SLEEP DISORDER	0	27,553	0	3,512	7,654		65.01
66.00	PHYSICAL THERAPY	0	22,572	0	0	836		66.00
67.00	OCCUPATIONAL THERAPY	0	13,712	0	0	12		67.00
68.00	SPEECH PATHOLOGY	0	31,970	0	0	12,758		68.00
69.00	ELECTROCARDIOLOGY	0	46,530	0	6,424	6,667		69.00
69.01	CARDIAC REHAB	0	14,226	0	46,942	973		69.01
69.02	VASCULAR LAB	0	12,737	0	857	1,493		69.02
69.03	ENDOSCOPY	0	69,512	0	161,126	2,078		69.03
69.04	CLINICAL NUTRITION	0	33,690	0	0	1		69.04
70.00	ELECTROENCEPHALOGRAPHY	0	10,503	0	0	2,365		70.00
70.01	ECT	0	5,983	0	18,674	4,890		70.01
70.02	PSYCHOTHERAPY	0	27,938	0	25,869	52		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,169,675		71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,432,210	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	172,715	0	0	0	73.00
74.00 RENAL DIALYSIS	0	8,885	0	29,638	2,610	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	252,781	0	649,987	27,669	90.00
91.00 EMERGENCY	0	392,011	0	804,089	161,981	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	514	0	1,713	0	105.00
106.00 HEART ACQUISITION	0	205	0	600	0	106.00
107.00 LIVER ACQUISITION	0	231	0	685	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
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,131,022	5,474,567	0	10,031,628	7,348,752	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,109	0	0	175	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	14,329	0	86	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	257	0	194.01
194.02 POISON CONTROL	0	46,607	0	119,067	0	194.02
194.03 COMMUNITY EDUCATION	0	8,474	0	21,158	11	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	0	102,021	0	62,275	245,937	194.05
194.06 RETAIL PHARMACY	0	19,054	0	0	0	194.06
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)	5,131,022	5,669,161	0	10,234,471	7,594,875	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	3,717,795					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	7,539,799				16.00
17.00	SOCIAL SERVICE	0	0	4,843,675			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	11	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	26,165	914,353	2,933,036	0	0	30.00
31.00	INTENSIVE CARE UNIT	1,509	127,601	226,177	0	0	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,797	94,904	163,700	0	0	31.01
32.00	CORONARY CARE UNIT	419	38,324	85,724	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	5,345	511,356	971,060	0	0	35.00
40.00	SUBPROVIDER - IPF	235	102,324	463,978	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	46,164	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	20,743	549,864	0	0	0	50.00
51.00	RECOVERY ROOM	1,615	148,022	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	21	110,857	0	0	0	52.00
53.00	ANESTHESIOLOGY	78,477	148,941	0	0	0	53.00
53.01	PAIN MANAGEMENT	266	4,938	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	641	678,523	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	130	110,696	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	5,069	53,774	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	2,283	66,049	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	282	184,554	0	0	0	59.00
60.00	LABORATORY	416	810,781	0	0	0	60.00
60.01	ANATOMICAL PATHOLOGY	2,119	78,388	0	0	0	60.01
60.02	LAB-STEM CELL	0	599	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	61	103,228	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,143	41,601	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,450	255,728	0	0	0	65.00
65.01	SLEEP DISORDER	345	43,934	0	0	0	65.01
66.00	PHYSICAL THERAPY	14	41,149	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	20,136	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	13,490	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	38,298	147,076	0	0	0	69.00
69.01	CARDIAC REHAB	0	4,495	0	0	0	69.01
69.02	VASCULAR LAB	26,251	55,840	0	0	0	69.02
69.03	ENDOSCOPY	1,887	157,938	0	0	0	69.03
69.04	CLINICAL NUTRITION	0	1,476	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	173	10,846	0	0	0	70.00
70.01	ECT	0	6,872	0	0	0	70.01
70.02	PSYCHOTHERAPY	0	35,829	0	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	142,382	0	0	0	71.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	109,893	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	765,011	0	0	0	73.00
74.00 RENAL DIALYSIS	72,391	30,153	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	148,133	0	0	0	89.00
90.00 CLINIC	112,780	529,550	0	0	0	90.00
91.00 EMERGENCY	6,328	94,027	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	413,664	7,539,799	4,843,675	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	0	0	194.01
194.02 POISON CONTROL	0	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	0	0	0	0	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	14,715	0	0	0	0	194.05
194.06 RETAIL PHARMACY	3,289,416	0	0	0	0	194.06
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)	3,717,795	7,539,799	4,843,675	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

Period:  
From 01/01/2011  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL							20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,457,608						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,883,712					22.00
23.00 PARAMED PRGM	0	0	810,853				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	1,686,573	18,449,388	402,877	98,568,350	-20,135,961		30.00
31.00 INTENSIVE CARE UNIT	78,901	863,092	81,595	11,222,840	-941,993		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	7,745,554	0		31.01
32.00 CORONARY CARE UNIT	0	0	81,595	3,711,359	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	32,509,578	0		35.00
40.00 SUBPROVIDER - I PF	19,433	212,576	0	10,013,477	-232,009		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	81,595	1,196,393	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
45.01 ICF/MR	0	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	282,143	3,086,352	0	35,158,957	-3,368,495		50.00
51.00 RECOVERY ROOM	0	0	0	7,968,640	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	7,041,239	0		52.00
53.00 ANESTHESIOLOGY	79,923	874,280	0	4,373,804	-954,203		53.00
53.01 PAIN MANAGEMENT	0	0	0	832,908	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	62,098	679,285	0	16,157,464	-741,383		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	4,059,380	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	2,138,426	0		55.01
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 ULTRASOUND	0	0	0	1,488,956	0		56.01
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	5,476,619	0		59.00
60.00 LABORATORY	0	0	0	12,873,825	0		60.00
60.01 ANATOMICAL PATHOLOGY	62,536	684,080	0	5,131,532	-746,616		60.01
60.02 LAB-STEM CELL	0	0	0	108,394	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,040,263	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	4,641,953	0		64.00
65.00 RESPIRATORY THERAPY	13,442	147,045	0	9,625,775	-160,487		65.00
65.01 SLEEP DISORDER	0	0	0	1,505,927	0		65.01
66.00 PHYSICAL THERAPY	0	0	0	3,451,663	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	975,816	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,720,588	0		68.00
69.00 ELECTROCARDIOLOGY	16,949	185,405	0	3,493,187	-202,354		69.00
69.01 CARDIAC REHAB	0	0	0	1,038,997	0		69.01
69.02 VASCULAR LAB	0	0	0	1,119,900	0		69.02
69.03 ENDOSCOPY	0	0	0	5,445,716	0		69.03
69.04 CLINICAL NUTRITION	0	0	0	1,166,854	0		69.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
70.00 ELECTROENCEPHALOGRAPHY	75,540	826,331	0	0	2,215,231	-901,871	70.00
70.01 ECT	0	0	0	0	515,848	0	70.01
70.02 PSYCHOTHERAPY	0	0	0	0	1,890,133	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,165,691	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	17,210,954	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	38,466,386	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	1,914,230	-72,109	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	148,133	0	89.00
90.00 CLINIC	13,881	151,840	163,191	0	22,313,595	-165,721	90.00
91.00 EMERGENCY	66,189	724,038	0	0	22,581,436	-790,227	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	585,586	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	191,178	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	191,409	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,457,608	26,883,712	810,853	0	439,394,144	-29,413,429	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	579,956	0	190.00
191.00 RESEARCH	0	0	0	0	370,097	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,096,500	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	0	201,837	0	194.01
194.02 POISON CONTROL	0	0	0	0	3,567,248	0	194.02
194.03 COMMUNITY EDUCATION	0	0	0	0	454,709	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	2,363,934	0	194.04
194.05 MISC NONREIMBURSABLE	0	0	0	0	10,981,952	0	194.05
194.06 RETAIL PHARMACY	0	0	0	0	9,985,425	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,457,608	26,883,712	810,853	0	469,995,802	-29,413,429	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	78,432,389	30.00
31.00	INTENSIVE CARE UNIT	10,280,847	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	7,745,554	31.01
32.00	CORONARY CARE UNIT	3,711,359	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	32,509,578	35.00
40.00	SUBPROVIDER - IPF	9,781,468	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	1,196,393	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
45.01	ICF/MR	0	45.01
46.00	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	31,790,462	50.00
51.00	RECOVERY ROOM	7,968,640	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,041,239	52.00
53.00	ANESTHESIOLOGY	3,419,601	53.00
53.01	PAIN MANAGEMENT	832,908	53.01
54.00	RADIOLOGY-DIAGNOSTIC	15,416,081	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,059,380	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,138,426	55.01
56.00	RADIOISOTOPE	0	56.00
56.01	ULTRA SOUND	1,488,956	56.01
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	5,476,619	59.00
60.00	LABORATORY	12,873,825	60.00
60.01	ANATOMICAL PATHOLOGY	4,384,916	60.01
60.02	LAB-STEM CELL	108,394	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	7,040,263	63.00
64.00	INTRAVENOUS THERAPY	4,641,953	64.00
65.00	RESPIRATORY THERAPY	9,465,288	65.00
65.01	SLEEP DISORDER	1,505,927	65.01
66.00	PHYSICAL THERAPY	3,451,663	66.00
67.00	OCCUPATIONAL THERAPY	975,816	67.00
68.00	SPEECH PATHOLOGY	1,720,588	68.00
69.00	ELECTROCARDIOLOGY	3,290,833	69.00
69.01	CARDIAC REHAB	1,038,997	69.01
69.02	VASCULAR LAB	1,119,900	69.02
69.03	ENDOSCOPY	5,445,716	69.03
69.04	CLINICAL NUTRITION	1,166,854	69.04
70.00	ELECTROENCEPHALOGRAPHY	1,313,360	70.00
70.01	ECT	515,848	70.01
70.02	PSYCHOTHERAPY	1,890,133	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,165,691	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	17,210,954	72.00
73.00	DRUGS CHARGED TO PATIENTS	38,466,386	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Total	
		26.00	
74.00	RENAL DIALYSIS	1,842,121	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	148,133	89.00
90.00	CLINIC	22,147,874	90.00
91.00	EMERGENCY	21,791,209	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	TRANSPORT	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	585,586	105.00
106.00	HEART ACQUISITION	191,178	106.00
107.00	LIVER ACQUISITION	191,409	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	112.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	409,980,715	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	579,956	190.00
191.00	RESEARCH	370,097	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,096,500	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	FOUNDATION	201,837	194.01
194.02	POISON CONTROL	3,567,248	194.02
194.03	COMMUNITY EDUCATION	454,709	194.03
194.04	BILLABLE DEPARTMENTS	2,363,934	194.04
194.05	MISC NONREIMBURSABLE	10,981,952	194.05
194.06	RETAIL PHARMACY	9,985,425	194.06
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	440,582,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	1,943	53,864	3,969	59,776	4.00
5.00	ADMINISTRATIVE & GENERAL	5,919,880	2,315,643	1,987,341	10,222,864	5.00
6.00	MAINTENANCE & REPAIRS	0	64,078	0	64,078	6.00
7.00	OPERATION OF PLANT	5,176	1,853,057	957,242	2,815,475	7.00
8.00	LAUNDRY & LINEN SERVICE	18,079	86,251	1,401	105,731	8.00
9.00	HOUSEKEEPING	1,198	206,145	15,879	223,222	9.00
10.00	DIETARY	28,346	115,491	185,022	328,859	10.00
11.00	CAFETERIA	0	232,782	0	232,782	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	5,239	24,409	243,373	273,021	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,018,573	269,250	0	1,287,823	14.00
15.00	PHARMACY	402,406	71,458	19,295	493,159	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,638	132,091	9,671	156,400	16.00
17.00	SOCIAL SERVICE	7,005	10,903	2,053	19,961	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,062	330,142	4,784	336,988	22.00
23.00	PARAMED ED PRGM	0	2,374	0	2,374	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	86,139	2,026,463	1,006,402	3,119,004	30.00
31.00	INTENSIVE CARE UNIT	10,797	135,322	109,390	255,509	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	16,657	63,365	134,854	214,876	31.01
32.00	CORONARY CARE UNIT	1,666	59,736	79,322	140,724	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	8,411	256,907	476,360	741,678	35.00
40.00	SUBPROVIDER - IPF	2,369	143,813	8,891	155,073	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	12,495	0	12,495	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	467,098	640,913	2,199,867	3,307,878	50.00
51.00	RECOVERY ROOM	2,669	146,600	42,516	191,785	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,471	52,409	100,824	154,704	52.00
53.00	ANESTHESIOLOGY	0	27,770	301,421	329,191	53.00
53.01	PAIN MANAGEMENT	67,542	0	25,355	92,897	53.01
54.00	RADIOLOGY-DIAGNOSTIC	326,720	242,781	1,925,644	2,495,145	54.00
55.00	RADIOLOGY-THERAPEUTIC	185,513	34,653	569,845	790,011	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	43,962	35,381	11,790	91,133	55.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	ULTRA SOUND	0	19,187	47,895	67,082	56.01
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	28,753	77,760	1,516,583	1,623,096	59.00
60.00	LABORATORY	227,426	201,175	119,831	548,432	60.00
60.01	ANATOMICAL PATHOLOGY	2,044	76,236	182,369	260,649	60.01
60.02	LAB-STEM CELL	0	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	14,379	31,672	46,051	63.00
64.00	INTRAVENOUS THERAPY	223,143	91,496	32,318	346,957	64.00
65.00	RESPIRATORY THERAPY	97,031	39,178	325,207	461,416	65.00
65.01	SLEEP DISORDER	2,189	14,134	27,099	43,422	65.01
66.00	PHYSICAL THERAPY	74,142	214,513	5,495	294,150	66.00
67.00	OCCUPATIONAL THERAPY	446	21,247	842	22,535	67.00
68.00	SPEECH PATHOLOGY	1,608	17,824	22,631	42,063	68.00
69.00	ELECTROCARDIOLOGY	5,233	24,363	332,610	362,206	69.00
69.01	CARDIAC REHAB	433	39,676	19,591	59,700	69.01
69.02	VASCULAR LAB	743	66,045	191,117	257,905	69.02
69.03	ENDOSCOPY	250,388	128,232	541,966	920,586	69.03
69.04	CLINICAL NUTRITION	474	6,263	91	6,828	69.04
70.00	ELECTROENCEPHALOGRAPHY	516	18,781	38,986	58,283	70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
70.01 ECT	0	26,285	0	26,285	52	70.01
70.02 PSYCHOTHERAPY	1,211	42,455	0	43,666	247	70.02
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	1,694	73.00
74.00 RENAL DIALYSIS	0	15,374	26,664	42,038	79	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	729,048	840,374	293,880	1,863,302	2,927	90.00
91.00 EMERGENCY	9,740	281,454	850,517	1,141,711	2,859	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	237	0	237	6	105.00
106.00 HEART ACQUISITION	0	84	0	84	2	106.00
107.00 LIVER ACQUISITION	0	100	0	100	2	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,300,127	11,923,398	15,029,875	37,253,400	57,512	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,606	0	26,606	18	190.00
191.00 RESEARCH	4,750	1,034	1,349	7,133	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	88,823	64,973	26,839	180,635	159	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	124,395	4,885	5,072	134,352	0	194.01
194.02 POISON CONTROL	71,360	0	130,441	201,801	531	194.02
194.03 COMMUNITY EDUCATION	0	1,340	4,079	5,419	74	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	521	194.04
194.05 MISC NONREIMBURSABLE	20,168	17,932	192,798	230,898	793	194.05
194.06 RETAIL PHARMACY	33,165	0	7,084	40,249	168	194.06
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)	10,642,788	12,040,168	15,397,537	38,080,493	59,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	10,233,272					5.00
6.00	MAINTENANCE & REPAIRS	58,871	122,949				6.00
7.00	OPERATION OF PLANT	500,459	23,716	3,340,528			7.00
8.00	LAUNDRY & LINEN SERVICE	56,325	1,104	37,160	200,402		8.00
9.00	HOUSEKEEPING	219,336	2,638	88,815	4,836	540,115	9.00
10.00	DIETARY	99,740	1,478	49,758	0	8,360	10.00
11.00	CAFETERIA	99,290	2,979	100,292	0	16,851	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	215,973	312	10,516	0	1,767	13.00
14.00	CENTRAL SERVICES & SUPPLY	135,951	3,446	116,003	0	19,491	14.00
15.00	PHARMACY	72,366	915	30,787	0	5,173	15.00
16.00	MEDICAL RECORDS & LIBRARY	146,033	1,691	56,910	0	9,562	16.00
17.00	SOCIAL SERVICE	99,864	140	4,697	0	789	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	51,832	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	550,991	4,225	142,238	104	23,899	22.00
23.00	PARAMED ED PRGM	17,158	30	1,023	0	172	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,195,102	25,936	873,081	85,423	146,698	30.00
31.00	INTENSIVE CARE UNIT	175,668	1,732	58,302	7,931	9,796	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	140,065	811	27,300	759	4,587	31.01
32.00	CORONARY CARE UNIT	61,768	765	25,737	4,243	4,324	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	581,351	3,288	110,686	4,910	18,598	35.00
40.00	SUBPROVIDER - I/PF	161,664	1,841	61,960	3,410	10,411	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	16,377	160	5,384	1,658	905	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	587,661	8,203	276,131	16,908	46,396	50.00
51.00	RECOVERY ROOM	142,438	1,876	63,161	4,509	10,612	51.00
52.00	DELIVERY ROOM & LABOR ROOM	133,319	671	22,580	11,419	3,794	52.00
53.00	ANESTHESIOLOGY	60,725	355	11,965	0	2,010	53.00
53.01	PAIN MANAGEMENT	16,828	0	0	363	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	286,680	3,107	104,600	9,465	17,575	54.00
55.00	RADIOLOGY-THERAPEUTIC	81,428	444	14,930	107	2,509	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	40,948	453	15,243	592	2,561	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	28,289	246	8,267	311	1,389	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	102,659	995	33,502	3,093	5,629	59.00
60.00	LABORATORY	236,217	2,575	86,674	0	14,563	60.00
60.01	ANATOMICAL PATHOLOGY	82,788	976	32,846	0	5,519	60.01
60.02	LAB-STEM CELL	2,345	0	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	145,539	184	6,195	0	1,041	63.00
64.00	INTRAVENOUS THERAPY	85,057	1,171	39,420	124	6,623	64.00
65.00	RESPIRATORY THERAPY	193,496	501	16,880	0	2,836	65.00
65.01	SLEEP DISORDER	29,516	181	6,089	0	1,023	65.01
66.00	PHYSICAL THERAPY	50,608	2,745	92,421	2,847	15,529	66.00
67.00	OCCUPATIONAL THERAPY	17,932	272	9,154	1,197	1,538	67.00
68.00	SPEECH PATHOLOGY	34,347	228	7,679	0	1,290	68.00
69.00	ELECTROCARDIOLOGY	63,780	312	10,497	37	1,764	69.00
69.01	CARDIAC REHAB	16,928	508	17,094	411	2,872	69.01
69.02	VASCULAR LAB	15,336	845	28,455	259	4,781	69.02
69.03	ENDOSCOPY	95,751	1,641	55,247	3,114	9,283	69.03
69.04	CLINICAL NUTRITION	23,991	80	2,698	0	453	69.04
70.00	ELECTROENCEPHALOGRAPHY	25,563	240	8,092	1,809	1,360	70.00
70.01	ECT	7,712	336	11,325	0	1,903	70.01
70.02	PSYCHOTHERAPY	34,798	543	18,292	0	3,073	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	410,508	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	319,391	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	5.00	6.00	7.00	8.00	9.00		
73.00 DRUGS CHARGED TO PATIENTS	817,127	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	36,956	197	6,624	0	1,113	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	354,773	10,755	362,066	7,979	60,835	0	90.00
91.00 EMERGENCY	406,746	3,602	121,262	21,697	20,375	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 KIDNEY ACQUISITION	12,677	3	102	0	17	0	105.00
106.00 HEART ACQUISITION	4,136	1	36	0	6	0	106.00
107.00 LIVER ACQUISITION	4,137	1	43	0	7	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,665,314	121,454	3,290,219	199,515	531,662	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,774	341	11,463	0	1,926	0	190.00
191.00 RESEARCH	7,951	13	445	0	75	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	38,318	832	27,993	887	4,703	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 FOUNDATION	3,882	63	2,105	0	354	0	194.01
194.02 POISON CONTROL	74,064	0	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	9,116	17	577	0	97	0	194.03
194.04 BILLABLE DEPARTMENTS	51,471	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	228,002	229	7,726	0	1,298	0	194.05
194.06 RETAIL PHARMACY	145,380	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,233,272	122,949	3,340,528	200,402	540,115	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	488,518					10.00
11.00	CAFETERIA	0	452,905				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	15,903	0	519,115		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	5,451	0	0	1,568,472	14.00
15.00	PHARMACY	0	802	0	0	9,025	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	13,080	0	2,020	3	16.00
17.00	SOCIAL SERVICE	0	7,722	0	5,505	7	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,161	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	182	22	22.00
23.00	PARAMED ED PRGM	0	921	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	282,433	101,915	0	189,283	84,442	30.00
31.00	INTENSIVE CARE UNIT	23,177	12,922	0	24,792	25,531	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	15,256	10,768	0	19,912	10,729	31.01
32.00	CORONARY CARE UNIT	8,737	4,343	0	8,972	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	92,393	39,878	0	67,384	47,362	35.00
40.00	SUBPROVIDER - IPF	47,428	13,150	0	19,400	2,243	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	19,094	985	0	1,030	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	25,340	0	27,911	13,788	50.00
51.00	RECOVERY ROOM	0	9,783	0	18,609	5,116	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,793	0	14,329	288	52.00
53.00	ANESTHESIOLOGY	0	1,075	0	2,277	43,899	53.00
53.01	PAIN MANAGEMENT	0	1,003	0	1,807	301	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	17,443	0	2,164	3,528	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,920	0	817	409	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,036	0	278	712	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	1,947	0	0	234	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	3,684	0	5,861	89	59.00
60.00	LABORATORY	0	11,029	0	9	24,187	60.00
60.01	ANATOMICAL PATHOLOGY	0	5,233	0	0	15,167	60.01
60.02	LAB-STEM CELL	0	8	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	8,885	0	152	14,454	63.00
64.00	INTRAVENOUS THERAPY	0	4,335	0	7,360	11,300	64.00
65.00	RESPIRATORY THERAPY	0	10,432	0	4	0	65.00
65.01	SLEEP DISORDER	0	2,201	0	178	1,581	65.01
66.00	PHYSICAL THERAPY	0	1,803	0	0	173	66.00
67.00	OCCUPATIONAL THERAPY	0	1,095	0	0	3	67.00
68.00	SPEECH PATHOLOGY	0	2,554	0	0	2,635	68.00
69.00	ELECTROCARDIOLOGY	0	3,717	0	326	1,377	69.00
69.01	CARDIAC REHAB	0	1,137	0	2,381	201	69.01
69.02	VASCULAR LAB	0	1,018	0	43	308	69.02
69.03	ENDOSCOPY	0	5,553	0	8,173	429	69.03
69.04	CLINICAL NUTRITION	0	2,692	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	839	0	0	488	70.00
70.01	ECT	0	478	0	947	1,010	70.01
70.02	PSYCHOTHERAPY	0	2,232	0	1,312	11	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	654,595	71.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center	Description	DIETARY 10.00	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00		
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	502,292	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	13,798	0	0	0	73.00	
74.00	RENAL DIALYSIS	0	710	0	1,503	539	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	CLINIC	0	20,194	0	32,969	5,714	90.00	
91.00	EMERGENCY	0	31,317	0	40,785	33,452	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	TRANSPORT	0	0	0	0	0	98.00	
99.00	CMHC	0	0	0	0	0	99.00	
99.10	CORF	0	0	0	0	0	99.10	
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	0	41	0	87	0	105.00	
106.00	HEART ACQUISITION	0	16	0	30	0	106.00	
107.00	LIVER ACQUISITION	0	18	0	35	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	
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00	
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00	
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	488,518	437,360	0	508,827	1,517,644	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	328	0	0	36	190.00	
191.00	RESEARCH	0	0	0	0	0	191.00	
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,145	0	4	0	192.00	
193.00	NONPAID WORKERS	0	0	0	0	0	193.00	
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01	FOUNDATION	0	0	0	13	0	194.01	
194.02	POISON CONTROL	0	3,723	0	6,039	0	194.02	
194.03	COMMUNITY EDUCATION	0	677	0	1,073	2	194.03	
194.04	BILLABLE DEPARTMENTS	0	0	0	0	0	194.04	
194.05	MISC NONREIMBURSABLE	0	8,150	0	3,159	50,790	194.05	
194.06	RETAIL PHARMACY	0	1,522	0	0	0	194.06	
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)	488,518	452,905	0	519,115	1,568,472	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	612,343					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	386,542				16.00
17.00	SOCIAL SERVICE	0	0	139,483			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2	0	0	0		22.00
23.00	PARAMED ED PRGM	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,309	46,466	84,462			30.00
31.00	INTENSIVE CARE UNIT	248	6,550	6,513			31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	296	4,871	4,714			31.01
32.00	CORONARY CARE UNIT	69	1,967	2,469			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	NEONATAL INTENSIVE CARE UNIT	880	26,247	27,964			35.00
40.00	SUBPROVIDER - IPF	39	5,252	13,361			40.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	0	2,370	0			43.00
44.00	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	NURSING FACILITY	0	0	0			45.00
45.01	ICF/MR	0	0	0			45.01
46.00	OTHER LONG TERM CARE	0	0	0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,416	28,224	0			50.00
51.00	RECOVERY ROOM	266	7,598	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	3	5,690	0			52.00
53.00	ANESTHESIOLOGY	12,926	7,645	0			53.00
53.01	PAIN MANAGEMENT	44	253	0			53.01
54.00	RADIOLOGY-DIAGNOSTIC	106	34,828	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	21	5,682	0			55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	835	2,760	0			55.01
56.00	RADIOISOTOPE	0	0	0			56.00
56.01	ULTRA SOUND	376	3,390	0			56.01
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	46	9,473	0			59.00
60.00	LABORATORY	69	41,616	0			60.00
60.01	ANATOMICAL PATHOLOGY	349	4,024	0			60.01
60.02	LAB-STEM CELL	0	31	0			60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	10	5,299	0			63.00
64.00	INTRAVENOUS THERAPY	353	2,135	0			64.00
65.00	RESPIRATORY THERAPY	898	13,126	0			65.00
65.01	SLEEP DISORDER	57	2,255	0			65.01
66.00	PHYSICAL THERAPY	2	2,112	0			66.00
67.00	OCCUPATIONAL THERAPY	0	1,034	0			67.00
68.00	SPEECH PATHOLOGY	0	692	0			68.00
69.00	ELECTROCARDIOLOGY	6,308	7,549	0			69.00
69.01	CARDIAC REHAB	0	231	0			69.01
69.02	VASCULAR LAB	4,324	2,866	0			69.02
69.03	ENDOSCOPY	311	8,107	0			69.03
69.04	CLINICAL NUTRITION	0	76	0			69.04
70.00	ELECTROENCEPHALOGRAPHY	28	557	0			70.00
70.01	ECT	0	353	0			70.01
70.02	PSYCHOTHERAPY	0	1,839	0			70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,308	0			71.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	15.00	16.00	17.00	19.00	20.00		
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,641	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	39,267	0			73.00
74.00	RENAL DIALYSIS	11,923	1,548	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	7,603	0			89.00
90.00	CLINIC	18,576	27,181	0			90.00
91.00	EMERGENCY	1,042	4,826	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	AMBULANCE SERVICES	0	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	TRANSPORT	0	0	0			98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,132	386,542	139,483	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	RESEARCH	0	0	0			191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	NONPAID WORKERS	0	0	0			193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01	FOUNDATION	0	0	0			194.01
194.02	POISON CONTROL	0	0	0			194.02
194.03	COMMUNITY EDUCATION	0	0	0			194.03
194.04	BILLABLE DEPARTMENTS	0	0	0			194.04
194.05	MISC NONREIMBURSABLE	2,424	0	0			194.05
194.06	RETAIL PHARMACY	541,787	0	0			194.06
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	612,343	386,542	139,483	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	58,443					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,058,811				22.00
23.00 PARAMED PRGM			21,804			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				6,248,280	0	30.00
31.00 INTENSIVE CARE UNIT				610,061	0	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT				455,987	0	31.01
32.00 CORONARY CARE UNIT				264,590	0	32.00
33.00 BURN INTENSIVE CARE UNIT				0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT				0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT				1,767,096	0	35.00
40.00 SUBPROVIDER - IPF				496,433	0	40.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				60,547	0	43.00
44.00 SKILLED NURSING FACILITY				0	0	44.00
45.00 NURSING FACILITY				0	0	45.00
45.01 ICF/MR				0	0	45.01
46.00 OTHER LONG TERM CARE				0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				4,344,267	0	50.00
51.00 RECOVERY ROOM				456,890	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				356,513	0	52.00
53.00 ANESTHESIOLOGY				472,134	0	53.00
53.01 PAIN MANAGEMENT				113,608	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC				2,976,213	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				898,576	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC				156,703	0	55.01
56.00 RADIOISOTOPE				0	0	56.00
56.01 ULTRASOUND				111,762	0	56.01
57.00 CT SCAN				0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 CARDIAC CATHETERIZATION				1,788,567	0	59.00
60.00 LABORATORY				966,466	0	60.00
60.01 ANATOMICAL PATHOLOGY				407,979	0	60.01
60.02 LAB-STEM CELL				2,385	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.				228,363	0	63.00
64.00 INTRAVENOUS THERAPY				505,403	0	64.00
65.00 RESPIRATORY THERAPY				700,580	0	65.00
65.01 SLEEP DISORDER				86,681	0	65.01
66.00 PHYSICAL THERAPY				462,589	0	66.00
67.00 OCCUPATIONAL THERAPY				54,870	0	67.00
68.00 SPEECH PATHOLOGY				91,727	0	68.00
69.00 ELECTROCARDIOLOGY				458,227	0	69.00
69.01 CARDIAC REHAB				101,588	0	69.01
69.02 VASCULAR LAB				316,248	0	69.02
69.03 ENDOSCOPY				1,108,774	0	69.03
69.04 CLINICAL NUTRITION				37,035	0	69.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
70.00 ELECTROENCEPHALOGRAPHY					97,325	0	70.00
70.01 ECT					50,401	0	70.01
70.02 PSYCHOTHERAPY					106,013	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					1,072,411	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT					827,324	0	72.00
73.00 DRUGS CHARGED TO PATIENTS					871,886	0	73.00
74.00 RENAL DIALYSIS					103,230	0	74.00
75.00 ASC (NON-DISTINCT PART)					0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC					0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					7,603	0	89.00
90.00 CLINIC					2,767,271	0	90.00
91.00 EMERGENCY					1,829,674	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS					0	0	94.00
95.00 AMBULANCE SERVICES					0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED					0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD					0	0	97.00
98.00 TRANSPORT					0	0	98.00
99.00 CMHC					0	0	99.00
99.10 CORF					0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM					0	0	100.00
101.00 HOME HEALTH AGENCY					0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION					13,170	0	105.00
106.00 HEART ACQUISITION					4,311	0	106.00
107.00 LIVER ACQUISITION					4,343	0	107.00
108.00 LUNG ACQUISITION					0	0	108.00
109.00 PANCREAS ACQUISITION					0	0	109.00
110.00 INTESTINAL ACQUISITION					0	0	110.00
111.00 ISLET ACQUISITION					0	0	111.00
112.00 OTHER ORGAN ACQUISITION					0	0	112.00
113.00 INTEREST EXPENSE					0	0	113.00
114.00 UTILIZATION REVIEW-SNF					0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	0	115.00
116.00 HOSPICE					0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		34,862,104	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					50,492	0	190.00
191.00 RESEARCH					15,617	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					254,676	0	192.00
193.00 NONPAID WORKERS					0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS					0	0	194.00
194.01 FOUNDATION					140,769	0	194.01
194.02 POISON CONTROL					286,158	0	194.02
194.03 COMMUNITY EDUCATION					17,052	0	194.03
194.04 BILLABLE DEPARTMENTS					51,992	0	194.04
194.05 MISC NONREIMBURSABLE					533,469	0	194.05
194.06 RETAIL PHARMACY					729,106	0	194.06
200.00 Cross Foot Adjustments	58,443	1,058,811	21,804		1,139,058	0	200.00
201.00 Negative Cost Centers	0	0	0		0	0	201.00
202.00 TOTAL (sum lines 118-201)	58,443	1,058,811	21,804		38,080,493	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Total		
	26.00		
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	6,248,280		30.00
31.00 INTENSIVE CARE UNIT	610,061		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	455,987		31.01
32.00 CORONARY CARE UNIT	264,590		32.00
33.00 BURN INTENSIVE CARE UNIT	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,767,096		35.00
40.00 SUBPROVIDER - IPF	496,433		40.00
41.00 SUBPROVIDER - IRF	0		41.00
42.00 SUBPROVIDER	0		42.00
43.00 NURSERY	60,547		43.00
44.00 SKILLED NURSING FACILITY	0		44.00
45.00 NURSING FACILITY	0		45.00
45.01 ICF/MR	0		45.01
46.00 OTHER LONG TERM CARE	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	4,344,267		50.00
51.00 RECOVERY ROOM	456,890		51.00
52.00 DELIVERY ROOM & LABOR ROOM	356,513		52.00
53.00 ANESTHESIOLOGY	472,134		53.00
53.01 PAIN MANAGEMENT	113,608		53.01
54.00 RADIOLOGY-DIAGNOSTIC	2,976,213		54.00
55.00 RADIOLOGY-THERAPEUTIC	898,576		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	156,703		55.01
56.00 RADIOISOTOPE	0		56.00
56.01 ULTRASOUND	111,762		56.01
57.00 CT SCAN	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00 CARDIAC CATHETERIZATION	1,788,567		59.00
60.00 LABORATORY	966,466		60.00
60.01 ANATOMICAL PATHOLOGY	407,979		60.01
60.02 LAB-STEM CELL	2,385		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	228,363		63.00
64.00 INTRAVENOUS THERAPY	505,403		64.00
65.00 RESPIRATORY THERAPY	700,580		65.00
65.01 SLEEP DISORDER	86,681		65.01
66.00 PHYSICAL THERAPY	462,589		66.00
67.00 OCCUPATIONAL THERAPY	54,870		67.00
68.00 SPEECH PATHOLOGY	91,727		68.00
69.00 ELECTROCARDIOLOGY	458,227		69.00
69.01 CARDIAC REHAB	101,588		69.01
69.02 VASCULAR LAB	316,248		69.02
69.03 ENDOSCOPY	1,108,774		69.03
69.04 CLINICAL NUTRITION	37,035		69.04
70.00 ELECTROENCEPHALOGRAPHY	97,325		70.00
70.01 ECT	50,401		70.01
70.02 PSYCHOTHERAPY	106,013		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,072,411		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	827,324		72.00
73.00 DRUGS CHARGED TO PATIENTS	871,886		73.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description		Total	
		26.00	
74.00	RENAL DIALYSIS	103,230	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	7,603	89.00
90.00	CLINIC	2,767,271	90.00
91.00	EMERGENCY	1,829,674	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	TRANSPORT	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	13,170	105.00
106.00	HEART ACQUISITION	4,311	106.00
107.00	LIVER ACQUISITION	4,343	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	112.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,862,104	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,492	190.00
191.00	RESEARCH	15,617	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	254,676	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	FOUNDATION	140,769	194.01
194.02	POISON CONTROL	286,158	194.02
194.03	COMMUNITY EDUCATION	17,052	194.03
194.04	BILLABLE DEPARTMENTS	51,992	194.04
194.05	MISC NONREIMBURSABLE	533,469	194.05
194.06	RETAIL PHARMACY	729,106	194.06
200.00	Cross Foot Adjustments	1,139,058	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	38,080,493	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,572,535						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		10,498,705					2.00
4.00 EMPLOYEE BENEFITS	7,035	2,706	198,853,060				4.00
5.00 ADMINISTRATIVE & GENERAL	302,440	1,355,055	34,830,108	-115,861,635	354,134,167		5.00
6.00 MAINTENANCE & REPAIRS	8,369	0	0	0	2,037,275		6.00
7.00 OPERATION OF PLANT	242,023	652,689	2,917,608	0	17,318,733		7.00
8.00 LAUNDRY & LINEN SERVICE	11,265	955	270,879	0	1,949,150		8.00
9.00 HOUSEKEEPING	26,924	10,827	4,213,757	0	7,590,286		9.00
10.00 DIETARY	15,084	126,156	1,074,462	0	3,451,562		10.00
11.00 CAFETERIA	30,403	0	2,361,977	0	3,436,004		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	3,188	165,942	5,393,102	0	7,473,895		13.00
14.00 CENTRAL SERVICES & SUPPLY	35,166	0	1,020,650	0	4,704,680		14.00
15.00 PHARMACY	9,333	13,156	386,928	0	2,504,289		15.00
16.00 MEDICAL RECORDS & LIBRARY	17,252	6,594	2,801,793	0	5,053,560		16.00
17.00 SOCIAL SERVICE	1,424	1,400	2,649,753	0	3,455,860		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,495,304	0	1,793,664		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	43,119	3,262	533,008	0	19,067,404		22.00
23.00 PARAMED ED PRGM	310	0	419,711	0	593,756		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	264,671	686,208	32,313,720	0	41,362,132		30.00
31.00 INTENSIVE CARE UNIT	17,674	74,587	4,618,771	0	6,079,103		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	8,276	91,949	3,465,528	0	4,847,035		31.01
32.00 CORONARY CARE UNIT	7,802	54,085	1,568,938	0	2,137,526		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	33,554	324,803	14,872,955	0	20,118,057		35.00
40.00 SUBPROVIDER - IPF	18,783	6,062	3,989,975	0	5,594,486		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	1,632	0	295,318	0	566,737		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
45.01 ICF/MR	0	0	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	83,708	1,499,966	8,010,383	0	20,336,415		50.00
51.00 RECOVERY ROOM	19,147	28,989	3,777,379	0	4,929,168		51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,845	68,746	3,066,956	0	4,613,602		52.00
53.00 ANESTHESIOLOGY	3,627	205,522	217,843	0	2,101,445		53.00
53.01 PAIN MANAGEMENT	0	17,288	371,580	0	582,334		53.01
54.00 RADIOLOGY-DIAGNOSTIC	31,709	1,312,987	5,223,211	0	9,920,746		54.00
55.00 RADIOLOGY-THERAPEUTIC	4,526	388,545	988,770	0	2,817,884		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	4,621	8,039	504,021	0	1,417,035		55.01
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 ULTRA SOUND	2,506	32,657	768,764	0	978,968		56.01
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	10,156	1,034,072	1,462,650	0	3,552,585		59.00
60.00 LABORATORY	26,275	81,706	3,636,344	0	8,174,440		60.00
60.01 ANATOMICAL PATHOLOGY	9,957	124,347	1,420,677	0	2,864,941		60.01
60.02 LAB-STEM CELL	0	0	2,352	0	81,144		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,878	21,595	1,838,340	0	5,036,488		63.00
64.00 INTRAVENOUS THERAPY	11,950	22,036	1,888,680	0	2,943,441		64.00
65.00 RESPIRATORY THERAPY	5,117	221,740	3,290,958	0	6,696,053		65.00
65.01 SLEEP DISORDER	1,846	18,477	592,463	0	1,021,417		65.01
66.00 PHYSICAL THERAPY	28,017	3,747	660,172	0	1,751,326		66.00
67.00 OCCUPATIONAL THERAPY	2,775	574	364,300	0	620,555		67.00
68.00 SPEECH PATHOLOGY	2,328	15,431	793,374	0	1,188,584		68.00
69.00 ELECTROCARDIOLOGY	3,182	226,788	1,175,349	0	2,207,137		69.00
69.01 CARDIAC REHAB	5,182	13,358	416,931	0	585,792		69.01
69.02 VASCULAR LAB	8,626	130,312	357,722	0	530,723		69.02
69.03 ENDOSCOPY	16,748	369,536	1,925,059	0	3,313,536		69.03
69.04 CLINICAL NUTRITION	818	62	720,096	0	830,224		69.04
70.00 ELECTROENCEPHALOGRAPHY	2,453	26,582	219,218	0	884,641		70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
70.01 ECT	3,433	0	171,972	0	266,887	70.01	
70.02 PSYCHOTHERAPY	5,545	0	821,670	0	1,204,203	70.02	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	14,205,903	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	11,052,738	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	5,626,634	0	28,277,228	73.00	
74.00 RENAL DIALYSIS	2,008	18,181	263,376	0	1,278,894	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	109,759	200,380	9,723,393	0	12,277,172	90.00	
91.00 EMERGENCY	36,760	579,919	9,497,471	0	14,075,728	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 TRANSPORT	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 KIDNEY ACQUISITION	31	0	19,646	0	438,699	105.00	
106.00 HEART ACQUISITION	11	0	7,066	0	143,141	106.00	
107.00 LIVER ACQUISITION	13	0	8,028	0	143,176	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 HOSPICE	0	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,557,284	10,248,018	191,327,093	-115,861,635	334,479,587	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	0	60,174	0	338,251	190.00	
191.00 RESEARCH	135	920	0	0	275,151	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	8,486	18,300	528,372	0	1,326,004	192.00	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 FOUNDATION	638	3,458	0	0	134,352	194.01	
194.02 POISON CONTROL	0	88,940	1,764,764	0	2,563,030	194.02	
194.03 COMMUNITY EDUCATION	175	2,781	246,246	0	315,471	194.03	
194.04 BILLABLE DEPARTMENTS	0	0	1,732,240	0	1,781,185	194.04	
194.05 MISC NONREIMBURSABLE	2,342	131,458	2,635,290	0	7,890,160	194.05	
194.06 RETAIL PHARMACY	0	4,830	558,881	0	5,030,976	194.06	
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)	12,040,168	15,397,537	39,677,285		115,861,635	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	7.656534	1.466613	0.199531		0.327169	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			59,776		10,233,272	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000301		0.028897	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINSTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	1,254,691					6.00
7.00 OPERATION OF PLANT	242,023	1,012,668				7.00
8.00 LAUNDRY & LINEN SERVICE	11,265	11,265	3,001,403			8.00
9.00 HOUSEKEEPING	26,924	26,924	72,432	974,479		9.00
10.00 DIETARY	15,084	15,084	0	15,084	764,464	10.00
11.00 CAFETERIA	30,403	30,403	0	30,403	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,188	3,188	0	3,188	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	35,166	35,166	0	35,166	0	14.00
15.00 PHARMACY	9,333	9,333	0	9,333	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	17,252	17,252	0	17,252	0	16.00
17.00 SOCIAL SERVICE	1,424	1,424	0	1,424	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	43,119	43,119	1,552	43,119	0	22.00
23.00 PARAMED ED PRGM	310	310	0	310	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	264,671	264,671	1,279,352	264,671	441,966	30.00
31.00 INTENSIVE CARE UNIT	17,674	17,674	118,788	17,674	36,269	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	8,276	8,276	11,367	8,276	23,874	31.01
32.00 CORONARY CARE UNIT	7,802	7,802	63,552	7,802	13,673	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	33,554	33,554	73,532	33,554	144,583	35.00
40.00 SUBPROVIDER - IPF	18,783	18,783	51,065	18,783	74,219	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,632	1,632	24,834	1,632	29,880	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	83,708	83,708	253,236	83,708	0	50.00
51.00 RECOVERY ROOM	19,147	19,147	67,524	19,147	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,845	6,845	171,027	6,845	0	52.00
53.00 ANESTHESIOLOGY	3,627	3,627	0	3,627	0	53.00
53.01 PAIN MANAGEMENT	0	0	5,432	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	31,709	31,709	141,763	31,709	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,526	4,526	1,604	4,526	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	4,621	4,621	8,863	4,621	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	2,506	2,506	4,656	2,506	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	10,156	10,156	46,325	10,156	0	59.00
60.00 LABORATORY	26,275	26,275	0	26,275	0	60.00
60.01 ANATOMICAL PATHOLOGY	9,957	9,957	0	9,957	0	60.01
60.02 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	1,878	1,878	0	1,878	0	63.00
64.00 INTRAVENOUS THERAPY	11,950	11,950	1,863	11,950	0	64.00
65.00 RESPIRATORY THERAPY	5,117	5,117	0	5,117	0	65.00
65.01 SLEEP DISORDER	1,846	1,846	0	1,846	0	65.01
66.00 PHYSICAL THERAPY	28,017	28,017	42,647	28,017	0	66.00
67.00 OCCUPATIONAL THERAPY	2,775	2,775	17,921	2,775	0	67.00
68.00 SPEECH PATHOLOGY	2,328	2,328	0	2,328	0	68.00
69.00 ELECTROCARDIOLOGY	3,182	3,182	549	3,182	0	69.00
69.01 CARDIAC REHAB	5,182	5,182	6,157	5,182	0	69.01
69.02 VASCULAR LAB	8,626	8,626	3,880	8,626	0	69.02
69.03 ENDOSCOPY	16,748	16,748	46,641	16,748	0	69.03
69.04 CLINICAL NUTRITION	818	818	0	818	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	2,453	2,453	27,090	2,453	0	70.00
70.01 ECT	3,433	3,433	0	3,433	0	70.01
70.02 PSYCHOTHERAPY	5,545	5,545	0	5,545	0	70.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
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	2,008	2,008	0	2,008	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	109,759	109,759	119,508	109,759	0	90.00
91.00 EMERGENCY	36,760	36,760	324,961	36,760	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	31	31	0	31	0	105.00
106.00 HEART ACQUISITION	11	11	0	11	0	106.00
107.00 LIVER ACQUISITION	13	13	0	13	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
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,239,440	997,417	2,988,121	959,228	764,464	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	3,475	0	3,475	0	190.00
191.00 RESEARCH	135	135	0	135	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	8,486	8,486	13,282	8,486	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
<b>OTHER NONREIMBURSABLE COST CENTERS</b>						
194.00 FOUNDATION	638	638	0	638	0	194.00
194.01 FOUNDATION	638	638	0	638	0	194.01
194.02 POISON CONTROL	0	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	175	175	0	175	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	2,342	2,342	0	2,342	0	194.05
194.06 RETAIL PHARMACY	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,703,808	23,506,436	2,872,614	10,825,906	5,131,022	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.154959	23.212382	0.957090	11.109430	6.711921	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	122,949	3,340,528	200,402	540,115	488,518	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.097991	3.298740	0.066769	0.554260	0.639033	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	220,773					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	7,752	0	119,478			13.00
14.00 CENTRAL SERVICES & SUPPLY	2,657	0	0	34,513,497		14.00
15.00 PHARMACY	391	0	0	198,601	5,537,616	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,376	0	465	69	0	16.00
17.00 SOCIAL SERVICE	3,764	0	1,267	165	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	3,003	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	42	490	17	22.00
23.00 PARAMED ED PRGM	449	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	49,679	0	43,564	1,858,117	38,972	30.00
31.00 INTENSIVE CARE UNIT	6,299	0	5,706	561,797	2,247	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	5,249	0	4,583	236,081	2,677	31.01
32.00 CORONARY CARE UNIT	2,117	0	2,065	0	624	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	19,439	0	15,509	1,042,193	7,962	35.00
40.00 SUBPROVIDER - I PF	6,410	0	4,465	49,366	350	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	480	0	237	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
45.01 ICF/MR	0	0	0	0	0	45.01
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12,352	0	6,424	303,406	30,896	50.00
51.00 RECOVERY ROOM	4,769	0	4,283	112,581	2,405	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,286	0	3,298	6,336	31	52.00
53.00 ANESTHESIOLOGY	524	0	524	965,973	116,891	53.00
53.01 PAIN MANAGEMENT	489	0	416	6,621	396	53.01
54.00 RADIOLOGY-DIAGNOSTIC	8,503	0	498	77,629	955	54.00
55.00 RADIOLOGY-THERAPEUTIC	936	0	188	8,992	193	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	505	0	64	15,658	7,550	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	949	0	0	5,147	3,400	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,796	0	1,349	1,969	420	59.00
60.00 LABORATORY	5,376	0	2	532,223	620	60.00
60.01 ANATOMIC PATHOLOGY	2,551	0	0	333,742	3,156	60.01
60.02 LAB-STEM CELL	4	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	4,331	0	35	318,045	91	63.00
64.00 INTRAVENOUS THERAPY	2,113	0	1,694	248,651	3,192	64.00
65.00 RESPIRATORY THERAPY	5,085	0	1	9	8,117	65.00
65.01 SLEEP DISORDER	1,073	0	41	34,784	514	65.01
66.00 PHYSICAL THERAPY	879	0	0	3,800	21	66.00
67.00 OCCUPATIONAL THERAPY	534	0	0	56	0	67.00
68.00 SPEECH PATHOLOGY	1,245	0	0	57,978	0	68.00
69.00 ELECTROCARDIOLOGY	1,812	0	75	30,297	57,045	69.00
69.01 CARDIAC REHAB	554	0	548	4,423	0	69.01
69.02 VASCULAR LAB	496	0	10	6,786	39,100	69.02
69.03 ENDOSCOPY	2,707	0	1,881	9,442	2,811	69.03
69.04 CLINICAL NUTRITION	1,312	0	0	4	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	409	0	0	10,748	257	70.00
70.01 ECT	233	0	218	22,221	0	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
70.02 PSYCHOTHERAPY	1,088	0	302	235	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,403,972	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,052,738	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	6,726	0	0	0	0	73.00
74.00 RENAL DIALYSIS	346	0	346	11,861	107,825	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	9,844	0	7,588	125,737	167,985	90.00
91.00 EMERGENCY	15,266	0	9,387	736,092	9,426	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	20	0	20	0	0	105.00
106.00 HEART ACQUISITION	8	0	7	0	0	106.00
107.00 LIVER ACQUISITION	9	0	8	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
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	213,195	0	117,110	33,395,035	616,146	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	160	0	0	796	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	558	0	1	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	3	0	0	194.01
194.02 POISON CONTROL	1,815	0	1,390	0	0	194.02
194.03 COMMUNITY EDUCATION	330	0	247	50	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	3,973	0	727	1,117,616	21,918	194.05
194.06 RETAIL PHARMACY	742	0	0	0	4,899,552	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,669,161	0	10,234,471	7,594,875	3,717,795	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.678688	0.000000	85.659879	0.220055	0.671371	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	452,905	0	519,115	1,568,472	612,343	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.051451	0.000000	4.344858	0.045445	0.110579	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	1,517,548,861				16.00
17.00	SOCIAL SERVICE	0	10,001			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	NURSING SCHOOL	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	PARAMED ED PRGM	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	183,924,300	6,056		0	30.00
31.00	INTENSIVE CARE UNIT	25,684,627	467		0	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	19,102,988	338		0	31.01
32.00	CORONARY CARE UNIT	7,714,233	177		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	102,929,907	2,005		0	35.00
40.00	SUBPROVIDER - I PF	20,596,708	958		0	40.00
41.00	SUBPROVIDER - I RF	0	0		0	41.00
42.00	SUBPROVIDER	0	0		0	42.00
43.00	NURSERY	9,292,331	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0		0	44.00
45.00	NURSING FACILITY	0	0		0	45.00
45.01	ICF/MR	0	0		0	45.01
46.00	OTHER LONG TERM CARE	0	0		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	110,681,110	0	0	0	50.00
51.00	RECOVERY ROOM	29,795,187	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	22,314,201	0	0	0	52.00
53.00	ANESTHESIOLOGY	29,980,008	0	0	0	53.00
53.01	PAIN MANAGEMENT	993,928	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	136,578,665	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	22,281,857	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	10,824,069	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	ULTRA SOUND	13,294,912	0	0	0	56.01
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	37,148,568	0	0	0	59.00
60.00	LABORATORY	163,200,751	0	0	0	60.00
60.01	ANATOMIC PATHOLOGY	15,778,570	0	0	0	60.01
60.02	LAB-STEM CELL	120,598	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	20,778,519	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	8,373,812	0	0	0	64.00
65.00	RESPIRATORY THERAPY	51,475,022	0	0	0	65.00
65.01	SLEEP DISORDER	8,843,396	0	0	0	65.01
66.00	PHYSICAL THERAPY	8,282,784	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	4,053,133	0	0	0	67.00
68.00	SPEECH PATHOLOGY	2,715,350	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	29,604,697	0	0	0	69.00
69.01	CARDIAC REHAB	904,769	0	0	0	69.01
69.02	VASCULAR LAB	11,239,904	0	0	0	69.02
69.03	ENDOSCOPY	31,791,098	0	0	0	69.03
69.04	CLINICAL NUTRITION	297,149	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	2,183,103	0	0	0	70.00
70.01	ECT	1,383,301	0	0	0	70.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
70.02	PSYCHOTHERAPY	7,211,915	0	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,659,876	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	22,120,240	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	153,987,717	0	0	0	73.00
74.00	RENAL DIALYSIS	6,069,518	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	29,817,372	0	0	0	89.00
90.00	CLINIC	106,592,112	0	0	0	90.00
91.00	EMERGENCY	18,926,556	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	TRANSPORT	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
112.00	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,517,548,861	10,001	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	FOUNDATION	0	0	0	0	194.01
194.02	POISON CONTROL	0	0	0	0	194.02
194.03	COMMUNITY EDUCATION	0	0	0	0	194.03
194.04	BILLABLE DEPARTMENTS	0	0	0	0	194.04
194.05	MISC NONREIMBURSABLE	0	0	0	0	194.05
194.06	RETAIL PHARMACY	0	0	0	0	194.06
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)	7,539,799	4,843,675	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.004968	484.319068	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	386,542	139,483	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000255	13.946905	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	16,820				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		16,820			22.00
23.00 PARAMED PRGM			159		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	11,543	11,543	79		30.00
31.00 INTENSIVE CARE UNIT	540	540	16		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0		31.01
32.00 CORONARY CARE UNIT	0	0	16		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0		35.00
40.00 SUBPROVIDER - IPF	133	133	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	16		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
45.01 ICF/MR	0	0	0		45.01
46.00 OTHER LONG TERM CARE	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,931	1,931	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	547	547	0		53.00
53.01 PAIN MANAGEMENT	0	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	425	425	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 ANATOMICAL PATHOLOGY	428	428	0		60.01
60.02 LAB-STEM CELL	0	0	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	92	92	0		65.00
65.01 SLEEP DISORDER	0	0	0		65.01
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	116	116	0		69.00
69.01 CARDIAC REHAB	0	0	0		69.01
69.02 VASCULAR LAB	0	0	0		69.02
69.03 ENDOSCOPY	0	0	0		69.03
69.04 CLINICAL NUTRITION	0	0	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	517	517	0		70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
70.01 ECT	0	0	0		70.01
70.02 PSYCHOTHERAPY	0	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	95	95	32		90.00
91.00 EMERGENCY	453	453	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 TRANSPORT	0	0	0		98.00
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00 INTEREST EXPENSE					113.00
114.00 UTILIZATION REVIEW-SNF					114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,820	16,820	159		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 FOUNDATION	0	0	0		194.01
194.02 POISON CONTROL	0	0	0		194.02
194.03 COMMUNITY EDUCATION	0	0	0		194.03
194.04 BILLABLE DEPARTMENTS	0	0	0		194.04
194.05 MISC NONREIMBURSABLE	0	0	0		194.05
194.06 RETAIL PHARMACY	0	0	0		194.06
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,457,608	26,883,712	810,853		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	146.112247	1,598.318193	5,099.704403		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	58,443	1,058,811	21,804		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.474614	62.949524	137.132075		205.00

Provider CCN: 260091

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

Worksheet B-2  
 Date/Time Prepared:  
 5/16/2012 11:11 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-72,109	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		78,432,389	1,330,321	79,762,710	30.00	
31.00	INTENSIVE CARE UNIT		10,280,847	12,601	10,293,448	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT		7,745,554	0	7,745,554	31.01	
32.00	CORONARY CARE UNIT		3,711,359	0	3,711,359	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
35.00	NEONATAL INTENSIVE CARE UNIT		32,509,578	0	32,509,578	35.00	
40.00	SUBPROVIDER - IPF		9,781,468	6,219	9,787,687	40.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		1,196,393	0	1,196,393	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
45.01	ICF/MR		0	0	0	45.01	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		31,790,462	48,223	31,838,685	50.00	
51.00	RECOVERY ROOM		7,968,640	0	7,968,640	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		7,041,239	0	7,041,239	52.00	
53.00	ANESTHESIOLOGY		3,419,601	2,180	3,421,781	53.00	
53.01	PAIN MANAGEMENT		832,908	0	832,908	53.01	
54.00	RADIOLOGY-DIAGNOSTIC		15,416,081	0	15,416,081	54.00	
55.00	RADIOLOGY-THERAPEUTIC		4,059,380	23,950	4,083,330	55.00	
55.01	NUCLEAR MEDICINE-DIAGNOSTIC		2,138,426	0	2,138,426	55.01	
56.00	RADIOISOTOPE		0	0	0	56.00	
56.01	ULTRASOUND		1,488,956	0	1,488,956	56.01	
57.00	CT SCAN		0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		5,476,619	0	5,476,619	59.00	
60.00	LABORATORY		12,873,825	0	12,873,825	60.00	
60.01	ANATOMICAL PATHOLOGY		4,384,916	0	4,384,916	60.01	
60.02	LAB-STEM CELL		108,394	0	108,394	60.02	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		7,040,263	0	7,040,263	63.00	
64.00	INTRAVENOUS THERAPY		4,641,953	15,770	4,657,723	64.00	
65.00	RESPIRATORY THERAPY		9,465,288	3,016	9,468,304	65.00	
65.01	SLEEP DISORDER	0	1,505,927	4,026	1,509,953	65.01	
66.00	PHYSICAL THERAPY	0	3,451,663	0	3,451,663	66.00	
67.00	OCCUPATIONAL THERAPY	0	975,816	0	975,816	67.00	
68.00	SPEECH PATHOLOGY	0	1,720,588	0	1,720,588	68.00	
69.00	ELECTROCARDIOLOGY		3,290,833	56,807	3,347,640	69.00	
69.01	CARDIAC REHAB		1,038,997	2,290	1,041,287	69.01	
69.02	VASCULAR LAB		1,119,900	2,211	1,122,111	69.02	
69.03	ENDOSCOPY		5,445,716	0	5,445,716	69.03	
69.04	CLINICAL NUTRITION		1,166,854	0	1,166,854	69.04	
70.00	ELECTROENCEPHALOGRAPHY		1,313,360	0	1,313,360	70.00	
70.01	ECT		515,848	2,850	518,698	70.01	
70.02	PSYCHOTHERAPY		1,890,133	14,690	1,904,823	70.02	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,165,691	0	22,165,691	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		17,210,954	0	17,210,954	72.00	
73.00	DRUGS CHARGED TO PATIENTS		38,466,386	0	38,466,386	73.00	
74.00	RENAL DIALYSIS		1,842,121	0	1,842,121	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		148,133	0	148,133	89.00	
90.00	CLINIC		22,147,874	11,623	22,159,497	90.00	
91.00	EMERGENCY		21,791,209	0	21,791,209	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,170,193	0	4,170,193	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		0	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00	
98.00	TRANSPORT		0	0	0	98.00	
99.00	CMHC		0	0	0	99.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
101.00	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	585,586		585,586		585,586
106.00	HEART ACQUISITION	191,178		191,178		191,178
107.00	LIVER ACQUISITION	191,409		191,409		191,409
108.00	LUNG ACQUISITION	0		0		0
109.00	PANCREAS ACQUISITION	0		0		0
110.00	INTESTINAL ACQUISITION	0		0		0
111.00	ISLET ACQUISITION	0		0		0
112.00	OTHER ORGAN ACQUISITION	0		0		0
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0
116.00	HOSPICE	0		0		0
200.00	Subtotal (see instructions)	414,150,908	0	414,150,908	1,536,777	415,687,685
201.00	Less Observation Beds	4,170,193		4,170,193		4,170,193
202.00	Total (see instructions)	409,980,715	0	409,980,715	1,536,777	411,517,492

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	180,474,142		180,474,142		30.00
31.00	INTENSIVE CARE UNIT	25,533,441		25,533,441		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	18,840,085		18,840,085		31.01
32.00	CORONARY CARE UNIT	7,595,031		7,595,031		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	101,472,993		101,472,993		35.00
40.00	SUBPROVIDER - IPF	20,485,597		20,485,597		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,445,425		9,445,425		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	53,543,551	53,742,038	107,285,589	0.296316	50.00
51.00	RECOVERY ROOM	5,575,185	23,297,821	28,873,006	0.275989	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,136,607	5,097,087	22,233,694	0.316692	52.00
53.00	ANESTHESIOLOGY	16,174,966	13,063,063	29,238,029	0.116957	53.00
53.01	PAIN MANAGEMENT	715,863	268,684	984,547	0.845981	53.01
54.00	RADIOLOGY-DIAGNOSTIC	45,242,465	87,095,701	132,338,166	0.116490	54.00
55.00	RADIOLOGY-THERAPEUTIC	740,397	20,916,005	21,656,402	0.187445	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,265,794	8,218,102	10,483,896	0.203972	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	ULTRASOUND	4,339,531	8,598,136	12,937,667	0.115087	56.01
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	16,693,121	19,252,436	35,945,557	0.152359	59.00
60.00	LABORATORY	96,971,535	62,486,454	159,457,989	0.080735	60.00
60.01	ANATOMICAL PATHOLOGY	4,986,576	10,373,950	15,360,526	0.285467	60.01
60.02	LAB-STEM CELL	120,598	0	120,598	0.898804	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	15,673,897	4,829,330	20,503,227	0.343373	63.00
64.00	INTRAVENOUS THERAPY	1,102,539	7,001,762	8,104,301	0.572776	64.00
65.00	RESPIRATORY THERAPY	46,120,406	4,650,226	50,770,632	0.186432	65.00
65.01	SLEEP DISORDER	124,978	8,295,536	8,420,514	0.178840	65.01
66.00	PHYSICAL THERAPY	5,580,284	2,588,216	8,168,500	0.422558	66.00
67.00	OCCUPATIONAL THERAPY	2,669,912	1,323,951	3,993,863	0.244329	67.00
68.00	SPEECH PATHOLOGY	1,159,433	1,527,689	2,687,122	0.640309	68.00
69.00	ELECTROCARDIOLOGY	12,756,448	16,322,004	29,078,452	0.113171	69.00
69.01	CARDIAC REHAB	6,336	872,556	878,892	1.182167	69.01
69.02	VASCULAR LAB	7,453,788	3,557,564	11,011,352	0.101704	69.02
69.03	ENDOSCOPY	5,251,116	25,296,404	30,547,520	0.178270	69.03
69.04	CLINICAL NUTRITION	1,974	279,312	281,286	4.148283	69.04
70.00	ELECTROENCEPHALOGRAPHY	823,422	1,333,530	2,156,952	0.608896	70.00
70.01	ECT	678,307	692,026	1,370,333	0.376440	70.01
70.02	PSYCHOTHERAPY	4,035	7,207,880	7,211,915	0.262085	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,757,985	4,901,890	28,659,875	0.773405	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,748,851	8,371,389	22,120,240	0.778064	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,027,926	74,959,791	153,987,717	0.249802	73.00
74.00	RENAL DIALYSIS	4,082,325	1,987,193	6,069,518	0.303504	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	29,537,064	29,537,064	0.749833	90.00
91.00	EMERGENCY	32,838,746	72,221,485	105,060,231	0.207416	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,926,556	18,926,556	0.220336	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	TRANSPORT	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	881,215,611	609,092,831	1,490,308,442			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	881,215,611	609,092,831	1,490,308,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	Hospital
				PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.296766		50.00
51.00	RECOVERY ROOM	0.275989		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692		52.00
53.00	ANESTHESIOLOGY	0.117032		53.00
53.01	PAIN MANAGEMENT	0.845981		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.188551		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ULTRASOUND	0.115087		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.152359		59.00
60.00	LABORATORY	0.080735		60.00
60.01	ANATOMICAL PATHOLOGY	0.285467		60.01
60.02	LAB-STEM CELL	0.898804		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373		63.00
64.00	INTRAVENOUS THERAPY	0.574722		64.00
65.00	RESPIRATORY THERAPY	0.186492		65.00
65.01	SLEEP DISORDER	0.179318		65.01
66.00	PHYSICAL THERAPY	0.422558		66.00
67.00	OCCUPATIONAL THERAPY	0.244329		67.00
68.00	SPEECH PATHOLOGY	0.640309		68.00
69.00	ELECTROCARDIOLOGY	0.115124		69.00
69.01	CARDIAC REHAB	1.184772		69.01
69.02	VASCULAR LAB	0.101905		69.02
69.03	ENDOSCOPY	0.178270		69.03
69.04	CLINICAL NUTRITION	4.148283		69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896		70.00
70.01	ECT	0.378520		70.01
70.02	PSYCHOTHERAPY	0.264122		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802		73.00
74.00	RENAL DIALYSIS	0.303504		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.750227		90.00
91.00	EMERGENCY	0.207416		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	TRANSPORT	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
106.00 HEART ACQUISITION				106.00
107.00 LIVER ACQUISITION				107.00
108.00 LUNG ACQUISITION				108.00
109.00 PANCREAS ACQUISITION				109.00
110.00 INTESTINAL ACQUISITION				110.00
111.00 ISLET ACQUISITION				111.00
112.00 OTHER ORGAN ACQUISITION				112.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
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: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		78,432,389	0	0
31.00	INTENSIVE CARE UNIT		10,280,847	0	0
31.01	PEDIATRIC INTENSIVE CARE UNIT		7,745,554	0	0
32.00	CORONARY CARE UNIT		3,711,359	0	0
33.00	BURN INTENSIVE CARE UNIT		0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0
35.00	NEONATAL INTENSIVE CARE UNIT		32,509,578	0	0
40.00	SUBPROVIDER - I/PF		9,781,468	0	0
41.00	SUBPROVIDER - I/RF		0	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		1,196,393	0	0
44.00	SKILLED NURSING FACILITY		0	0	0
45.00	NURSING FACILITY		0	0	0
45.01	ICF/MR		0	0	0
46.00	OTHER LONG TERM CARE		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM		31,790,462	0	0
51.00	RECOVERY ROOM		7,968,640	0	0
52.00	DELIVERY ROOM & LABOR ROOM		7,041,239	0	0
53.00	ANESTHESIOLOGY		3,419,601	0	0
53.01	PAIN MANAGEMENT		832,908	0	0
54.00	RADIOLOGY-DIAGNOSTIC		15,416,081	0	0
55.00	RADIOLOGY-THERAPEUTIC		4,059,380	0	0
55.01	NUCLEAR MEDICINE-DIAGNOSTIC		2,138,426	0	0
56.00	RADIOISOTOPE		0	0	0
56.01	ULTRASOUND		1,488,956	0	0
57.00	CT SCAN		0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	CARDIAC CATHETERIZATION		5,476,619	0	0
60.00	LABORATORY		12,873,825	0	0
60.01	ANATOMICAL PATHOLOGY		4,384,916	0	0
60.02	LAB-STEM CELL		108,394	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		7,040,263	0	0
64.00	INTRAVENOUS THERAPY		4,641,953	0	0
65.00	RESPIRATORY THERAPY	0	9,465,288	0	0
65.01	SLEEP DISORDER	0	1,505,927	0	0
66.00	PHYSICAL THERAPY	0	3,451,663	0	0
67.00	OCCUPATIONAL THERAPY	0	975,816	0	0
68.00	SPEECH PATHOLOGY	0	1,720,588	0	0
69.00	ELECTROCARDIOLOGY		3,290,833	0	0
69.01	CARDIAC REHAB		1,038,997	0	0
69.02	VASCULAR LAB		1,119,900	0	0
69.03	ENDOSCOPY		5,445,716	0	0
69.04	CLINICAL NUTRITION		1,166,854	0	0
70.00	ELECTROENCEPHALOGRAPHY		1,313,360	0	0
70.01	ECT		515,848	0	0
70.02	PSYCHOTHERAPY		1,890,133	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,165,691	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		17,210,954	0	0
73.00	DRUGS CHARGED TO PATIENTS		38,466,386	0	0
74.00	RENAL DIALYSIS		1,842,121	0	0
75.00	ASC (NON-DISTINCT PART)		0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		148,133	0	0
90.00	CLINIC		22,147,874	0	0
91.00	EMERGENCY		21,791,209	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,170,193	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS		0	0	0
95.00	AMBULANCE SERVICES		0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0
98.00	TRANSPORT		0	0	0
99.00	CMHC		0	0	0
99.10	CORF		0	0	0
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
101.00	HOME HEALTH AGENCY	0		0		0
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	585,586		585,586		0
106.00	HEART ACQUISITION	191,178		191,178		0
107.00	LIVER ACQUISITION	191,409		191,409		0
108.00	LUNG ACQUISITION	0		0		0
109.00	PANCREAS ACQUISITION	0		0		0
110.00	INTESTINAL ACQUISITION	0		0		0
111.00	ISLET ACQUISITION	0		0		0
112.00	OTHER ORGAN ACQUISITION	0		0		0
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0
116.00	HOSPICE	0		0		0
200.00	Subtotal (see instructions)	414,150,908	0	414,150,908	0	0
201.00	Less Observation Beds	4,170,193		4,170,193		0
202.00	Total (see instructions)	409,980,715	0	409,980,715	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	180,474,142		180,474,142		30.00
31.00	INTENSIVE CARE UNIT	25,533,441		25,533,441		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	18,840,085		18,840,085		31.01
32.00	CORONARY CARE UNIT	7,595,031		7,595,031		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT	101,472,993		101,472,993		35.00
40.00	SUBPROVIDER - IPF	20,485,597		20,485,597		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,445,425		9,445,425		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
45.01	ICF/MR	0		0		45.01
46.00	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	53,543,551	53,742,038	107,285,589	0.296316	50.00
51.00	RECOVERY ROOM	5,575,185	23,297,821	28,873,006	0.275989	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,136,607	5,097,087	22,233,694	0.316692	52.00
53.00	ANESTHESIOLOGY	16,174,966	13,063,063	29,238,029	0.116957	53.00
53.01	PAIN MANAGEMENT	715,863	268,684	984,547	0.845981	53.01
54.00	RADIOLOGY-DIAGNOSTIC	45,242,465	87,095,701	132,338,166	0.116490	54.00
55.00	RADIOLOGY-THERAPEUTIC	740,397	20,916,005	21,656,402	0.187445	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,265,794	8,218,102	10,483,896	0.203972	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	ULTRASOUND	4,339,531	8,598,136	12,937,667	0.115087	56.01
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	16,693,121	19,252,436	35,945,557	0.152359	59.00
60.00	LABORATORY	96,971,535	62,486,454	159,457,989	0.080735	60.00
60.01	ANATOMICAL PATHOLOGY	4,986,576	10,373,950	15,360,526	0.285467	60.01
60.02	LAB-STEM CELL	120,598	0	120,598	0.898804	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	15,673,897	4,829,330	20,503,227	0.343373	63.00
64.00	INTRAVENOUS THERAPY	1,102,539	7,001,762	8,104,301	0.572776	64.00
65.00	RESPIRATORY THERAPY	46,120,406	4,650,226	50,770,632	0.186432	65.00
65.01	SLEEP DISORDER	124,978	8,295,536	8,420,514	0.178840	65.01
66.00	PHYSICAL THERAPY	5,580,284	2,588,216	8,168,500	0.422558	66.00
67.00	OCCUPATIONAL THERAPY	2,669,912	1,323,951	3,993,863	0.244329	67.00
68.00	SPEECH PATHOLOGY	1,159,433	1,527,689	2,687,122	0.640309	68.00
69.00	ELECTROCARDIOLOGY	12,756,448	16,322,004	29,078,452	0.113171	69.00
69.01	CARDIAC REHAB	6,336	872,556	878,892	1.182167	69.01
69.02	VASCULAR LAB	7,453,788	3,557,564	11,011,352	0.101704	69.02
69.03	ENDOSCOPY	5,251,116	25,296,404	30,547,520	0.178270	69.03
69.04	CLINICAL NUTRITION	1,974	279,312	281,286	4.148283	69.04
70.00	ELECTROENCEPHALOGRAPHY	823,422	1,333,530	2,156,952	0.608896	70.00
70.01	ECT	678,307	692,026	1,370,333	0.376440	70.01
70.02	PSYCHOTHERAPY	4,035	7,207,880	7,211,915	0.262085	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,757,985	4,901,890	28,659,875	0.773405	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,748,851	8,371,389	22,120,240	0.778064	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,027,926	74,959,791	153,987,717	0.249802	73.00
74.00	RENAL DIALYSIS	4,082,325	1,987,193	6,069,518	0.303504	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	29,537,064	29,537,064	0.749833	90.00
91.00	EMERGENCY	32,838,746	72,221,485	105,060,231	0.207416	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,926,556	18,926,556	0.220336	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	TRANSPORT	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	99.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0.000000	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260091

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0			105.00
106.00 HEART ACQUISITION	0	0	0			106.00
107.00 LIVER ACQUISITION	0	0	0			107.00
108.00 LUNG ACQUISITION	0	0	0			108.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
112.00 OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	881,215,611	609,092,831	1,490,308,442			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	881,215,611	609,092,831	1,490,308,442			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT			31.01
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
45.01	ICF/MR			45.01
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
53.01	PAIN MANAGEMENT	0.000000		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ULTRA SOUND	0.000000		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	ANATOMICAL PATHOLOGY	0.000000		60.01
60.02	LAB-STEM CELL	0.000000		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	SLEEP DISORDER	0.000000		65.01
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
69.01	CARDIAC REHAB	0.000000		69.01
69.02	VASCULAR LAB	0.000000		69.02
69.03	ENDOSCOPY	0.000000		69.03
69.04	CLINICAL NUTRITION	0.000000		69.04
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	ECT	0.000000		70.01
70.02	PSYCHOTHERAPY	0.000000		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	TRANSPORT	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/16/2012 11:11 am
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
106.00 HEART ACQUISITION				106.00
107.00 LIVER ACQUISITION				107.00
108.00 LUNG ACQUISITION				108.00
109.00 PANCREAS ACQUISITION				109.00
110.00 INTESTINAL ACQUISITION				110.00
111.00 ISLET ACQUISITION				111.00
112.00 OTHER ORGAN ACQUISITION				112.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
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: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	6,248,280	0	6,248,280	89,055	70.16	30.00
31.00 INTENSIVE CARE UNIT	610,061		610,061	6,926	88.08	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	455,987		455,987	4,559	100.02	31.01
32.00 CORONARY CARE UNIT	264,590		264,590	2,611	101.34	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,767,096		1,767,096	27,610	64.00	35.00
40.00 SUBPROVIDER - IRF	496,433	0	496,433	14,173	35.03	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	60,547		60,547	5,706	10.61	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
45.01 ICF/MR	0		0	0	0.00	45.01
200.00 Total (lines 30-199)	9,902,994		9,902,994	150,640		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	22,304	1,564,849		30.00
31.00 INTENSIVE CARE UNIT	3,337	293,923		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	128	12,803		31.01
32.00 CORONARY CARE UNIT	1,132	114,717		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	6,160	215,785		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
45.01 ICF/MR	0	0		45.01
200.00 Total (Lines 30-199)	33,061	2,202,077		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/16/2012 11:11 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,344,267	107,285,589	0.040493	12,339,307	499,656	50.00
51.00	RECOVERY ROOM	456,890	28,873,006	0.015824	1,332,111	21,079	51.00
52.00	DELIVERY ROOM & LABOR ROOM	356,513	22,233,694	0.016035	167,931	2,693	52.00
53.00	ANESTHESIOLOGY	472,134	29,238,029	0.016148	2,343,599	37,844	53.00
53.01	PAIN MANAGEMENT	113,608	984,547	0.115391	107,331	12,385	53.01
54.00	RADIOLOGY-DIAGNOSTIC	2,976,213	132,338,166	0.022489	15,010,777	337,577	54.00
55.00	RADIOLOGY-THERAPEUTIC	898,576	21,656,402	0.041492	285,762	11,857	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	156,703	10,483,896	0.014947	1,150,448	17,196	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	ULTRA SOUND	111,762	12,937,667	0.008638	813,849	7,030	56.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,788,567	35,945,557	0.049758	4,878,500	242,744	59.00
60.00	LABORATORY	966,466	159,457,989	0.006061	23,883,502	144,758	60.00
60.01	ANATOMIC PATHOLOGY	407,979	15,360,526	0.026560	767,877	20,395	60.01
60.02	LAB-STEM CELL	2,385	120,598	0.019776	4,316	85	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	228,363	20,503,227	0.011138	3,903,471	43,477	63.00
64.00	INTRAVENOUS THERAPY	505,403	8,104,301	0.062362	442,545	27,598	64.00
65.00	RESPIRATORY THERAPY	700,580	50,770,632	0.013799	8,852,450	122,155	65.00
65.01	SLEEP DISORDER	86,681	8,420,514	0.010294	20	0	65.01
66.00	PHYSICAL THERAPY	462,589	8,168,500	0.056631	1,848,893	104,705	66.00
67.00	OCCUPATIONAL THERAPY	54,870	3,993,863	0.013739	583,284	8,014	67.00
68.00	SPEECH PATHOLOGY	91,727	2,687,122	0.034136	291,301	9,944	68.00
69.00	ELECTROCARDIOLOGY	458,227	29,078,452	0.015758	4,464,793	70,356	69.00
69.01	CARDIAC REHAB	101,588	878,892	0.115586	3,695	427	69.01
69.02	VASCULAR LAB	316,248	11,011,352	0.028720	1,700,900	48,850	69.02
69.03	ENDOSCOPY	1,108,774	30,547,520	0.036297	2,045,716	74,253	69.03
69.04	CLINICAL NUTRITION	37,035	281,286	0.131663	865	114	69.04
70.00	ELECTROENCEPHALOGRAPHY	97,325	2,156,952	0.045122	133,175	6,009	70.00
70.01	ECT	50,401	1,370,333	0.036780	13,777	507	70.01
70.02	PSYCHOTHERAPY	106,013	7,211,915	0.014700	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,072,411	28,659,875	0.037419	5,881,531	220,081	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	827,324	22,120,240	0.037401	3,637,514	136,047	72.00
73.00	DRUGS CHARGED TO PATIENTS	871,886	153,987,717	0.005662	19,835,933	112,311	73.00
74.00	RENAL DIALYSIS	103,230	6,069,518	0.017008	2,460,467	41,848	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	7,603	0	0.000000	0	0	89.00
90.00	CLINIC	2,767,271	29,537,064	0.093688	0	0	90.00
91.00	EMERGENCY	1,829,674	105,060,231	0.017415	8,741,529	152,234	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	326,676	18,926,556	0.017260	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	TRANSPORT	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	25,263,962	1,126,461,728		127,927,169	2,534,229	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	402,877	0	0	402,877	30.00
31.00	INTENSIVE CARE UNIT	0	81,595	0	0	81,595	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	CORONARY CARE UNIT	0	81,595	0	0	81,595	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	81,595	0	0	81,595	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
45.01	ICF/MR	0	0	0	0	0	45.01
200.00	Total (lines 30-199)	0	647,662	0	0	647,662	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
		6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	89,055	4.52	22,304	100,814	0	30.00
31.00	INTENSIVE CARE UNIT	6,926	11.78	3,337	39,310	0	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	4,559	0.00	128	0	0	31.01
32.00	CORONARY CARE UNIT	2,611	31.25	1,132	35,375	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
35.00	NEONATAL INTENSIVE CARE UNIT	27,610	0.00	0	0	0	35.00
40.00	SUBPROVIDER - IPF	14,173	0.00	6,160	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	5,706	14.30	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
45.01	ICF/MR	0	0.00	0	0	0	45.01
200.00	Total (lines 30-199)	150,640		33,061	175,499	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	0	0		31.01
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
45.01 ICF/MR	0	0		45.01
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00		5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	0	0	0	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 ANATOMICAL PATHOLOGY	0	0	0	0	0	0	60.01
60.02 LAB-STEM CELL	0	0	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 SLEEP DISORDER	0	0	0	0	0	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	0	69.01
69.02 VASCULAR LAB	0	0	0	0	0	0	69.02
69.03 ENDOSCOPY	0	0	0	0	0	0	69.03
69.04 CLINICAL NUTRITION	0	0	0	0	0	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 ECT	0	0	0	0	0	0	70.01
70.02 PSYCHOTHERAPY	0	0	0	0	0	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	163,191	0	0	163,191	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	21,064	0	0	21,064	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	184,255	0	0	184,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	107,285,589	0.000000	0.000000	12,339,307	50.00
51.00 RECOVERY ROOM	0	28,873,006	0.000000	0.000000	1,332,111	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	22,233,694	0.000000	0.000000	167,931	52.00
53.00 ANESTHESIOLOGY	0	29,238,029	0.000000	0.000000	2,343,599	53.00
53.01 PAIN MANAGEMENT	0	984,547	0.000000	0.000000	107,331	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	132,338,166	0.000000	0.000000	15,010,777	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	21,656,402	0.000000	0.000000	285,762	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	10,483,896	0.000000	0.000000	1,150,448	55.01
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 ULTRA SOUND	0	12,937,667	0.000000	0.000000	813,849	56.01
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	35,945,557	0.000000	0.000000	4,878,500	59.00
60.00 LABORATORY	0	159,457,989	0.000000	0.000000	23,883,502	60.00
60.01 ANATOMICAL PATHOLOGY	0	15,360,526	0.000000	0.000000	767,877	60.01
60.02 LAB-STEM CELL	0	120,598	0.000000	0.000000	4,316	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	20,503,227	0.000000	0.000000	3,903,471	63.00
64.00 INTRAVENOUS THERAPY	0	8,104,301	0.000000	0.000000	442,545	64.00
65.00 RESPIRATORY THERAPY	0	50,770,632	0.000000	0.000000	8,852,450	65.00
65.01 SLEEP DISORDER	0	8,420,514	0.000000	0.000000	20	65.01
66.00 PHYSICAL THERAPY	0	8,168,500	0.000000	0.000000	1,848,893	66.00
67.00 OCCUPATIONAL THERAPY	0	3,993,863	0.000000	0.000000	583,284	67.00
68.00 SPEECH PATHOLOGY	0	2,687,122	0.000000	0.000000	291,301	68.00
69.00 ELECTROCARDIOLOGY	0	29,078,452	0.000000	0.000000	4,464,793	69.00
69.01 CARDIAC REHAB	0	878,892	0.000000	0.000000	3,695	69.01
69.02 VASCULAR LAB	0	11,011,352	0.000000	0.000000	1,700,900	69.02
69.03 ENDOSCOPY	0	30,547,520	0.000000	0.000000	2,045,716	69.03
69.04 CLINICAL NUTRITION	0	281,286	0.000000	0.000000	865	69.04
70.00 ELECTROENCEPHALOGRAPHY	0	2,156,952	0.000000	0.000000	133,175	70.00
70.01 ECT	0	1,370,333	0.000000	0.000000	13,777	70.01
70.02 PSYCHOTHERAPY	0	7,211,915	0.000000	0.000000	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,659,875	0.000000	0.000000	5,881,531	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	22,120,240	0.000000	0.000000	3,637,514	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	153,987,717	0.000000	0.000000	19,835,933	73.00
74.00 RENAL DIALYSIS	0	6,069,518	0.000000	0.000000	2,460,467	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	163,191	29,537,064	0.005525	0.005525	0	90.00
91.00 EMERGENCY	0	105,060,231	0.000000	0.000000	8,741,529	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	21,064	18,926,556	0.001113	0.001113	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 TRANSPORT	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	184,255	1,126,461,728			127,927,169	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	8,032,286	0	0	0	50.00
51.00 RECOVERY ROOM	0	3,779,346	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	33,432	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	1,690,749	0	0	0	53.00
53.01 PAIN MANAGEMENT	0	13,441	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	18,007,430	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	6,934,036	0	0	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	2,297,583	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	916,891	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	4,643,379	0	0	0	59.00
60.00 LABORATORY	0	159,469	0	0	0	60.00
60.01 ANATOMIC PATHOLOGY	0	1,058,549	0	0	0	60.01
60.02 LAB-STEM CELL	0	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	632,617	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	2,174,526	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	1,791,128	0	0	0	65.00
65.01 SLEEP DISORDER	0	287,457	0	0	0	65.01
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	1,657,974	0	0	0	69.00
69.01 CARDIAC REHAB	0	424,788	0	0	0	69.01
69.02 VASCULAR LAB	0	924,246	0	0	0	69.02
69.03 ENDOSCOPY	0	4,804,918	0	0	0	69.03
69.04 CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0	80,261	0	0	0	70.00
70.01 ECT	0	362,425	0	0	0	70.01
70.02 PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,665,304	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	3,031,853	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	16,975,977	0	0	0	73.00
74.00 RENAL DIALYSIS	0	72,439	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	2,367,155	13,079	0	0	90.00
91.00 EMERGENCY	0	6,337,621	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,868,709	2,080	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 TRANSPORT	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	93,025,989	15,159	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital
		23.00	24.00		PPS
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
53.01	PAIN MANAGEMENT	0	0		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0		55.01
56.00	RADIOISOTOPE	0	0		56.00
56.01	ULTRASOUND	0	0		56.01
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	ANATOMIC PATHOLOGY	0	0		60.01
60.02	LAB-STEM CELL	0	0		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	SLEEP DISORDER	0	0		65.01
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
69.01	CARDIAC REHAB	0	0		69.01
69.02	VASCULAR LAB	0	0		69.02
69.03	ENDOSCOPY	0	0		69.03
69.04	CLINICAL NUTRITION	0	0		69.04
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	ECT	0	0		70.01
70.02	PSYCHOTHERAPY	0	0		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	TRANSPORT	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
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		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			Subject To Ded. & Coins. (see instructions)	Subject To Ded. & Coins. (see instructions)			
		1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.296316	8,032,286	0	0		50.00
51.00	RECOVERY ROOM	0.275989	3,779,346	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	33,432	0	0		52.00
53.00	ANESTHESIOLOGY	0.116957	1,690,749	0	0		53.00
53.01	PAIN MANAGEMENT	0.845981	13,441	0	0		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	18,007,430	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187445	6,934,036	0	0		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	2,297,583	0	0		55.01
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
56.01	ULTRA SOUND	0.115087	916,891	0	0		56.01
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.152359	4,643,379	0	0		59.00
60.00	LABORATORY	0.080735	159,469	0	0		60.00
60.01	ANATOMIC PATHOLOGY	0.285467	1,058,549	0	0		60.01
60.02	LAB-STEM CELL	0.898804	0	0	0		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	632,617	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.572776	2,174,526	0	0		64.00
65.00	RESPIRATORY THERAPY	0.186432	1,791,128	0	0		65.00
65.01	SLEEP DISORDER	0.178840	287,457	0	0		65.01
66.00	PHYSICAL THERAPY	0.422558	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.244329	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.640309	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.113171	1,657,974	0	0		69.00
69.01	CARDIAC REHAB	1.182167	424,788	0	0		69.01
69.02	VASCULAR LAB	0.101704	924,246	0	0		69.02
69.03	ENDOSCOPY	0.178270	4,804,918	0	0		69.03
69.04	CLINICAL NUTRITION	4.148283	0	0	0		69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	80,261	0	0		70.00
70.01	ECT	0.376440	362,425	0	0		70.01
70.02	PSYCHOTHERAPY	0.262085	0	0	0		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	1,665,304	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	3,031,853	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	16,975,977	0	197,965		73.00
74.00	RENAL DIALYSIS	0.303504	72,439	4,644	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.749833	2,367,155	0	0		90.00
91.00	EMERGENCY	0.207416	6,337,621	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	1,868,709	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	TRANSPORT	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		93,025,989	4,644	197,965		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		93,025,989	4,644	197,965		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	2,380,095	0	0		50.00
51.00 RECOVERY ROOM	1,043,058	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,588	0	0		52.00
53.00 ANESTHESIOLOGY	197,745	0	0		53.00
53.01 PAIN MANAGEMENT	11,371	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	2,097,686	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,299,750	0	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	468,643	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	105,522	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	707,461	0	0		59.00
60.00 LABORATORY	12,875	0	0		60.00
60.01 ANATOMICAL PATHOLOGY	302,181	0	0		60.01
60.02 LAB-STEM CELL	0	0	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	217,224	0	0		63.00
64.00 INTRAVENOUS THERAPY	1,245,516	0	0		64.00
65.00 RESPIRATORY THERAPY	333,924	0	0		65.00
65.01 SLEEP DISORDER	51,409	0	0		65.01
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	187,635	0	0		69.00
69.01 CARDIAC REHAB	502,170	0	0		69.01
69.02 VASCULAR LAB	94,000	0	0		69.02
69.03 ENDOSCOPY	856,573	0	0		69.03
69.04 CLINICAL NUTRITION	0	0	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	48,871	0	0		70.00
70.01 ECT	136,431	0	0		70.01
70.02 PSYCHOTHERAPY	0	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,287,954	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,358,976	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,240,633	0	49,452		73.00
74.00 RENAL DIALYSIS	21,986	1,409	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	1,774,971	0	0		90.00
91.00 EMERGENCY	1,314,524	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	411,744	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 TRANSPORT	0	0	0		98.00
200.00 Subtotal (see instructions)	23,721,516	1,409	49,452		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	23,721,516	1,409	49,452		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/16/2012 11:11 am	
		Component CCN: 26S091		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,344,267	107,285,589	0.040493	0	0	50.00
51.00	RECOVERY ROOM	456,890	28,873,006	0.015824	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	356,513	22,233,694	0.016035	0	0	52.00
53.00	ANESTHESIOLOGY	472,134	29,238,029	0.016148	94,479	1,526	53.00
53.01	PAIN MANAGEMENT	113,608	984,547	0.115391	736	85	53.01
54.00	RADIOLOGY-DIAGNOSTIC	2,976,213	132,338,166	0.022489	184,535	4,150	54.00
55.00	RADIOLOGY-THERAPEUTIC	898,576	21,656,402	0.041492	7	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	156,703	10,483,896	0.014947	18,720	280	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	ULTRASOUND	111,762	12,937,667	0.008638	4,640	40	56.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,788,567	35,945,557	0.049758	7,741	385	59.00
60.00	LABORATORY	966,466	159,457,989	0.006061	970,858	5,884	60.00
60.01	ANATOMICAL PATHOLOGY	407,979	15,360,526	0.026560	3,252	86	60.01
60.02	LAB-STEM CELL	2,385	120,598	0.019776	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	228,363	20,503,227	0.011138	6,236	69	63.00
64.00	INTRAVENOUS THERAPY	505,403	8,104,301	0.062362	1,748	109	64.00
65.00	RESPIRATORY THERAPY	700,580	50,770,632	0.013799	73,853	1,019	65.00
65.01	SLEEP DISORDER	86,681	8,420,514	0.010294	0	0	65.01
66.00	PHYSICAL THERAPY	462,589	8,168,500	0.056631	80,358	4,551	66.00
67.00	OCCUPATIONAL THERAPY	54,870	3,993,863	0.013739	4,782	66	67.00
68.00	SPEECH PATHOLOGY	91,727	2,687,122	0.034136	6,766	231	68.00
69.00	ELECTROCARDIOLOGY	458,227	29,078,452	0.015758	59,350	935	69.00
69.01	CARDIAC REHAB	101,588	878,892	0.115586	0	0	69.01
69.02	VASCULAR LAB	316,248	11,011,352	0.028720	9,440	271	69.02
69.03	ENDOSCOPY	1,108,774	30,547,520	0.036297	19,153	695	69.03
69.04	CLINICAL NUTRITION	37,035	281,286	0.131663	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	97,325	2,156,952	0.045122	804	36	70.00
70.01	ECT	50,401	1,370,333	0.036780	361,557	13,298	70.01
70.02	PSYCHOTHERAPY	106,013	7,211,915	0.014700	1,872	28	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,072,411	28,659,875	0.037419	12,380	463	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	827,324	22,120,240	0.037401	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	871,886	153,987,717	0.005662	1,374,491	7,782	73.00
74.00	RENAL DIALYSIS	103,230	6,069,518	0.017008	9,071	154	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	7,603	0	0.000000	0	0	89.00
90.00	CLINIC	2,767,271	29,537,064	0.093688	0	0	90.00
91.00	EMERGENCY	1,829,674	105,060,231	0.017415	575,250	10,018	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	326,676	18,926,556	0.017260	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	TRANSPORT	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	25,263,962	1,126,461,728		3,882,079	52,161	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
53.01	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
60.02	LAB-STEM CELL	0	0	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	SLEEP DISORDER	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
69.02	VASCULAR LAB	0	0	0	0	0	69.02
69.03	ENDOSCOPY	0	0	0	0	0	69.03
69.04	CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ECT	0	0	0	0	0	70.01
70.02	PSYCHOTHERAPY	0	0	0	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	163,191	0	163,191	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	21,064	0	21,064	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	TRANSPORT	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	184,255	0	184,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	107,285,589	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	28,873,006	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	22,233,694	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	29,238,029	0.000000	0.000000	94,479	53.00
53.01	PAIN MANAGEMENT	0	984,547	0.000000	0.000000	736	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	132,338,166	0.000000	0.000000	184,535	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	21,656,402	0.000000	0.000000	7	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	10,483,896	0.000000	0.000000	18,720	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	ULTRASOUND	0	12,937,667	0.000000	0.000000	4,640	56.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	35,945,557	0.000000	0.000000	7,741	59.00
60.00	LABORATORY	0	159,457,989	0.000000	0.000000	970,858	60.00
60.01	ANATOMICAL PATHOLOGY	0	15,360,526	0.000000	0.000000	3,252	60.01
60.02	LAB-STEM CELL	0	120,598	0.000000	0.000000	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	20,503,227	0.000000	0.000000	6,236	63.00
64.00	INTRAVENOUS THERAPY	0	8,104,301	0.000000	0.000000	1,748	64.00
65.00	RESPIRATORY THERAPY	0	50,770,632	0.000000	0.000000	73,853	65.00
65.01	SLEEP DISORDER	0	8,420,514	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	8,168,500	0.000000	0.000000	80,358	66.00
67.00	OCCUPATIONAL THERAPY	0	3,993,863	0.000000	0.000000	4,782	67.00
68.00	SPEECH PATHOLOGY	0	2,687,122	0.000000	0.000000	6,766	68.00
69.00	ELECTROCARDIOLOGY	0	29,078,452	0.000000	0.000000	59,350	69.00
69.01	CARDIAC REHAB	0	878,892	0.000000	0.000000	0	69.01
69.02	VASCULAR LAB	0	11,011,352	0.000000	0.000000	9,440	69.02
69.03	ENDOSCOPY	0	30,547,520	0.000000	0.000000	19,153	69.03
69.04	CLINICAL NUTRITION	0	281,286	0.000000	0.000000	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	2,156,952	0.000000	0.000000	804	70.00
70.01	ECT	0	1,370,333	0.000000	0.000000	361,557	70.01
70.02	PSYCHOTHERAPY	0	7,211,915	0.000000	0.000000	1,872	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,659,875	0.000000	0.000000	12,380	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	22,120,240	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	153,987,717	0.000000	0.000000	1,374,491	73.00
74.00	RENAL DIALYSIS	0	6,069,518	0.000000	0.000000	9,071	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	163,191	29,537,064	0.005525	0.005525	0	90.00
91.00	EMERGENCY	0	105,060,231	0.000000	0.000000	575,250	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	21,064	18,926,556	0.001113	0.001113	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	TRANSPORT	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	184,255	1,126,461,728			3,882,079	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	2	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
53.01	PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	2,809	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	17	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	ANATOMIC PATHOLOGY	0	0	0	0	0	60.01
60.02	LAB-STEM CELL	0	0	0	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	36	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	194	0	0	0	65.00
65.01	SLEEP DISORDER	0	0	0	0	0	65.01
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	1,619	0	0	0	69.00
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
69.02	VASCULAR LAB	0	0	0	0	0	69.02
69.03	ENDOSCOPY	0	0	0	0	0	69.03
69.04	CLINICAL NUTRITION	0	0	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ECT	0	0	0	0	0	70.01
70.02	PSYCHOTHERAPY	0	6,916,199	0	0	0	70.02
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	2,956	0	0	0	73.00
74.00	RENAL DIALYSIS	0	4	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	548	3	0	0	90.00
91.00	EMERGENCY	0	718	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	168	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	TRANSPORT	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	6,925,270	3	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/16/2012 11:11 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
53.01 PAIN MANAGEMENT	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	55.01
56.00 RADIOISOTOPE	0	0	56.00
56.01 ULTRASOUND	0	0	56.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 ANATOMICAL PATHOLOGY	0	0	60.01
60.02 LAB-STEM CELL	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
65.01 SLEEP DISORDER	0	0	65.01
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
69.01 CARDIAC REHAB	0	0	69.01
69.02 VASCULAR LAB	0	0	69.02
69.03 ENDOSCOPY	0	0	69.03
69.04 CLINICAL NUTRITION	0	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 ECT	0	0	70.01
70.02 PSYCHOTHERAPY	0	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 TRANSPORT	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
	Title XVIIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.296316	2	0	0	50.00
51.00 RECOVERY ROOM	0.275989	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.316692	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.116957	0	0	0	53.00
53.01 PAIN MANAGEMENT	0.845981	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0.116490	2,809	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.187445	0	0	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	0	0	0	55.01
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
56.01 ULTRASOUND	0.115087	0	0	0	56.01
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.152359	17	0	0	59.00
60.00 LABORATORY	0.080735	0	0	0	60.00
60.01 ANATOMICAL PATHOLOGY	0.285467	0	0	0	60.01
60.02 LAB-STEM CELL	0.898804	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.343373	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.572776	36	0	0	64.00
65.00 RESPIRATORY THERAPY	0.186432	194	0	0	65.00
65.01 SLEEP DISORDER	0.178840	0	0	0	65.01
66.00 PHYSICAL THERAPY	0.422558	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.244329	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.640309	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.113171	1,619	0	0	69.00
69.01 CARDIAC REHAB	1.182167	0	0	0	69.01
69.02 VASCULAR LAB	0.101704	0	0	0	69.02
69.03 ENDOSCOPY	0.178270	0	0	0	69.03
69.04 CLINICAL NUTRITION	4.148283	0	0	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0.608896	0	0	0	70.00
70.01 ECT	0.376440	0	0	0	70.01
70.02 PSYCHOTHERAPY	0.262085	6,916,199	0	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.778064	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.249802	2,956	0	13,962	73.00
74.00 RENAL DIALYSIS	0.303504	4	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 CLINIC	0.749833	548	0	0	90.00
91.00 EMERGENCY	0.207416	718	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	168	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 AMBULANCE SERVICES	0.000000		0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00 TRANSPORT	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		6,925,270	0	13,962	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		6,925,270	0	13,962	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091 Component CCN: 26S091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
53.01 PAIN MANAGEMENT	0	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	327	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRA SOUND	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	3	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 ANATOMICAL PATHOLOGY	0	0	0		60.01
60.02 LAB-STEM CELL	0	0	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	21	0	0		64.00
65.00 RESPIRATORY THERAPY	36	0	0		65.00
65.01 SLEEP DISORDER	0	0	0		65.01
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	183	0	0		69.00
69.01 CARDIAC REHAB	0	0	0		69.01
69.02 VASCULAR LAB	0	0	0		69.02
69.03 ENDOSCOPY	0	0	0		69.03
69.04 CLINICAL NUTRITION	0	0	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 ECT	0	0	0		70.01
70.02 PSYCHOTHERAPY	1,812,632	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	738	0	3,488		73.00
74.00 RENAL DIALYSIS	1	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	411	0	0		90.00
91.00 EMERGENCY	149	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	37	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 TRANSPORT	0	0	0		98.00
200.00 Subtotal (see instructions)	1,814,539	0	3,488		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,814,539	0	3,488		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
		1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0.296316	0	3,205,114	0		50.00
51.00	RECOVERY ROOM	0.275989	0	1,411,978	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	0	489,024	0		52.00
53.00	ANESTHESIOLOGY	0.116957	0	877,007	0		53.00
53.01	PAIN MANAGEMENT	0.845981	0	42,295	0		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	0	5,654,586	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187445	0	1,828,431	0		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	0	448,133	0		55.01
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
56.01	ULTRA SOUND	0.115087	0	1,225,811	0		56.01
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.152359	0	1,204,517	0		59.00
60.00	LABORATORY	0.080735	0	6,326,648	0		60.00
60.01	ANATOMIC PATHOLOGY	0.285467	0	487,559	0		60.01
60.02	LAB-STEM CELL	0.898804	0	0	0		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	0	466,547	0		63.00
64.00	INTRAVENOUS THERAPY	0.572776	0	789,359	0		64.00
65.00	RESPIRATORY THERAPY	0.186432	0	697,592	0		65.00
65.01	SLEEP DISORDER	0.178840	0	422,997	0		65.01
66.00	PHYSICAL THERAPY	0.422558	0	129,703	0		66.00
67.00	OCCUPATIONAL THERAPY	0.244329	0	81,991	0		67.00
68.00	SPEECH PATHOLOGY	0.640309	0	73,908	0		68.00
69.00	ELECTROCARDIOLOGY	0.113171	0	913,543	0		69.00
69.01	CARDIAC REHAB	1.182167	0	59,928	0		69.01
69.02	VASCULAR LAB	0.101704	0	509,777	0		69.02
69.03	ENDOSCOPY	0.178270	0	905,051	0		69.03
69.04	CLINICAL NUTRITION	4.148283	0	17,453	0		69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	0	104,471	0		70.00
70.01	ECT	0.376440	0	87,745	0		70.01
70.02	PSYCHOTHERAPY	0.262085	0	0	0		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	0	266,147	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	0	686,672	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	0	6,969,217	0		73.00
74.00	RENAL DIALYSIS	0.303504	0	218,115	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.749833	0	2,721,438	0		90.00
91.00	EMERGENCY	0.207416	0	7,348,386	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	0	1,025,263	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	TRANSPORT	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		0	47,696,406	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)		0	47,696,406	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/16/2012 11:11 am
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Cost Center Description	Costs			Hospital	Cost
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	949,727	0		50.00
51.00 RECOVERY ROOM	0	389,690	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	154,870	0		52.00
53.00 ANESTHESIOLOGY	0	102,572	0		53.00
53.01 PAIN MANAGEMENT	0	35,781	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	658,703	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	342,730	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	91,407	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	0	141,075	0		56.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	183,519	0		59.00
60.00 LABORATORY	0	510,782	0		60.00
60.01 ANATOMICAL PATHOLOGY	0	139,182	0		60.01
60.02 LAB-STEM CELL	0	0	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	160,200	0		63.00
64.00 INTRAVENOUS THERAPY	0	452,126	0		64.00
65.00 RESPIRATORY THERAPY	0	130,053	0		65.00
65.01 SLEEP DISORDER	0	75,649	0		65.01
66.00 PHYSICAL THERAPY	0	54,807	0		66.00
67.00 OCCUPATIONAL THERAPY	0	20,033	0		67.00
68.00 SPEECH PATHOLOGY	0	47,324	0		68.00
69.00 ELECTROCARDIOLOGY	0	103,387	0		69.00
69.01 CARDIAC REHAB	0	70,845	0		69.01
69.02 VASCULAR LAB	0	51,846	0		69.02
69.03 ENDOSCOPY	0	161,343	0		69.03
69.04 CLINICAL NUTRITION	0	72,400	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	0	63,612	0		70.00
70.01 ECT	0	33,031	0		70.01
70.02 PSYCHOTHERAPY	0	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,839	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	534,275	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,740,924	0		73.00
74.00 RENAL DIALYSIS	0	66,199	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	2,040,624	0		90.00
91.00 EMERGENCY	0	1,524,173	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	225,902	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 TRANSPORT	0	0	0		98.00
200.00 Subtotal (see instructions)	0	11,534,630	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	11,534,630	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		89,055	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		89,055	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		52,929	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,126	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		22,304	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
<b>SWING BED ADJUSTMENT</b>				
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)		79,762,710	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)		79,762,710	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		180,474,142	28.00
29.00	Private room charges (excluding swing-bed charges)		113,179,446	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		67,294,696	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.441962	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,138.33	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,862.78	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		275.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		121.78	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		6,445,694	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		73,317,016	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		895.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,976,801	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)		19,976,801	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 5/16/2012 11:11 am							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	10,293,448	6,926	1,486.20	3,337	4,959,449		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	7,745,554	4,559	1,698.96	128	217,467		43.01
44.00 CORONARY CARE UNIT	3,711,359	2,611	1,421.43	1,132	1,609,059		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	32,509,578	27,610	1,177.46	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,869,376		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,632,152		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,161,791		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,534,229		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,696,020		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,936,132		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)					4,656		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					895.66		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,170,193		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,248,280	79,762,710	0.078336	4,170,193	326,676	90.00
91.00	Nursing School cost	0	79,762,710	0.000000	4,170,193	0	91.00
92.00	Allied health cost	402,877	79,762,710	0.005051	4,170,193	21,064	92.00
93.00	All other Medical Education	0	79,762,710	0.000000	4,170,193	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 26S091		Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,173	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		247	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,926	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)		6,160	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
<b>SWING BED ADJUSTMENT</b>				
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)		9,787,687	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)		9,787,687	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		20,485,597	28.00
29.00	Private room charges (excluding swing-bed charges)		357,380	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		20,128,217	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.477784	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,446.88	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,445.37	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1.51	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.72	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		178	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,787,509	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		690.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,254,034	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)		4,254,034	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						798,438	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,052,472	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						215,785	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						52,161	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						267,946	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,784,526	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	496,433	9,787,687	0.050720	0	0	90.00
91.00	Nursing School cost	0	9,787,687	0.000000	0	0	91.00
92.00	Allied health cost	0	9,787,687	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,787,687	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			89,055 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			89,055 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			52,929 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			36,126 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			10,532 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)			5,706 15.00
16.00	Nursery days (title V or XIX only)			636 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			78,432,389 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)			78,432,389 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			180,474,142 28.00
29.00	Private room charges (excluding swing-bed charges)			113,179,446 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			67,294,696 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.434591 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			2,138.33 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,862.78 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			275.55 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			119.75 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			6,338,248 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			72,094,141 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			809.55 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,526,181 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)			8,526,181 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,196,393	5,706	209.67	636	133,350	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,280,847	6,926	1,484.38	693	1,028,675	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	7,745,554	4,559	1,698.96	587	997,290	43.01
44.00	CORONARY CARE UNIT	3,711,359	2,611	1,421.43	275	390,893	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	32,509,578	27,610	1,177.46	3,718	4,377,796	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,815,471	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,269,656	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)					4,656	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					880.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,100,632	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 26S091		Date/Time Prepared: 5/16/2012 11:11 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,173	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		247	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,926	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)		4,071	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)		5,706	15.00
16.00	Nursery days (title V or XIX only)		636	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		9,781,468	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)		9,781,468	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		20,485,597	28.00
29.00	Private room charges (excluding swing-bed charges)		357,380	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		20,128,217	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.477480	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,446.88	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,445.37	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		1.51	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.72	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		178	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,781,290	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		690.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,809,560	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,809,560	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 26S091				Date/Time Prepared: 5/16/2012 11:11 am	
		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					547,037	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,356,597	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/16/2012 11:11 am	
		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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		42,183,482		30.00
31.00	INTENSIVE CARE UNIT		12,066,863		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT		468,492		31.01
32.00	CORONARY CARE UNIT		3,241,922		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296766	12,339,307	3,661,887	50.00
51.00	RECOVERY ROOM	0.275989	1,332,111	367,648	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	167,931	53,182	52.00
53.00	ANESTHESIOLOGY	0.117032	2,343,599	274,276	53.00
53.01	PAIN MANAGEMENT	0.845981	107,331	90,800	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	15,010,777	1,748,605	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.188551	285,762	53,881	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	1,150,448	234,659	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115087	813,849	93,663	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.152359	4,878,500	743,283	59.00
60.00	LABORATORY	0.080735	23,883,502	1,928,235	60.00
60.01	ANATOMICAL PATHOLOGY	0.285467	767,877	219,204	60.01
60.02	LAB-STEM CELL	0.898804	4,316	3,879	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	3,903,471	1,340,347	63.00
64.00	INTRAVENOUS THERAPY	0.574722	442,545	254,340	64.00
65.00	RESPIRATORY THERAPY	0.186492	8,852,450	1,650,911	65.00
65.01	SLEEP DISORDER	0.179318	20	4	65.01
66.00	PHYSICAL THERAPY	0.422558	1,848,893	781,265	66.00
67.00	OCCUPATIONAL THERAPY	0.244329	583,284	142,513	67.00
68.00	SPEECH PATHOLOGY	0.640309	291,301	186,523	68.00
69.00	ELECTROCARDIOLOGY	0.115124	4,464,793	514,005	69.00
69.01	CARDIAC REHAB	1.184772	3,695	4,378	69.01
69.02	VASCULAR LAB	0.101905	1,700,900	173,330	69.02
69.03	ENDOSCOPY	0.178270	2,045,716	364,690	69.03
69.04	CLINICAL NUTRITION	4.148283	865	3,588	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	133,175	81,090	70.00
70.01	ECT	0.378520	13,777	5,215	70.01
70.02	PSYCHOTHERAPY	0.264122	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	5,881,531	4,548,805	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	3,637,514	2,830,219	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	19,835,933	4,955,056	73.00
74.00	RENAL DIALYSIS	0.303504	2,460,467	746,762	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.750227	0	0	90.00
91.00	EMERGENCY	0.207416	8,741,529	1,813,133	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	TRANSPORT	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		127,927,169	29,869,376	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		127,927,169		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/16/2012 11:11 am	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		8,880,945		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296766	0	0	50.00
51.00	RECOVERY ROOM	0.275989	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	0	0	52.00
53.00	ANESTHESIOLOGY	0.117032	94,479	11,057	53.00
53.01	PAIN MANAGEMENT	0.845981	736	623	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	184,535	21,496	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.188551	7	1	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	18,720	3,818	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115087	4,640	534	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.152359	7,741	1,179	59.00
60.00	LABORATORY	0.080735	970,858	78,382	60.00
60.01	ANATOMIC PATHOLOGY	0.285467	3,252	928	60.01
60.02	LAB-STEM CELL	0.898804	0	0	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	6,236	2,141	63.00
64.00	INTRAVENOUS THERAPY	0.574722	1,748	1,005	64.00
65.00	RESPIRATORY THERAPY	0.186492	73,853	13,773	65.00
65.01	SLEEP DISORDER	0.179318	0	0	65.01
66.00	PHYSICAL THERAPY	0.422558	80,358	33,956	66.00
67.00	OCCUPATIONAL THERAPY	0.244329	4,782	1,168	67.00
68.00	SPEECH PATHOLOGY	0.640309	6,766	4,332	68.00
69.00	ELECTROCARDIOLOGY	0.115124	59,350	6,833	69.00
69.01	CARDIAC REHAB	1.184772	0	0	69.01
69.02	VASCULAR LAB	0.101905	9,440	962	69.02
69.03	ENDOSCOPY	0.178270	19,153	3,414	69.03
69.04	CLINICAL NUTRITION	4.148283	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	804	490	70.00
70.01	ECT	0.378520	361,557	136,857	70.01
70.02	PSYCHOTHERAPY	0.264122	1,872	494	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	12,380	9,575	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	1,374,491	343,351	73.00
74.00	RENAL DIALYSIS	0.303504	9,071	2,753	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.750227	0	0	90.00
91.00	EMERGENCY	0.207416	575,250	119,316	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	TRANSPORT	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,882,079	798,438	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,882,079		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/16/2012 11:11 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		20,899,272		30.00
31.00	INTENSIVE CARE UNIT		2,486,254		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT		2,447,031		31.01
32.00	CORONARY CARE UNIT		777,643		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		14,117,159		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		951,379		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296316	5,046,112	1,495,244	50.00
51.00	RECOVERY ROOM	0.275989	457,934	126,385	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	1,573,417	498,289	52.00
53.00	ANESTHESIOLOGY	0.116957	1,414,797	165,470	53.00
53.01	PAIN MANAGEMENT	0.845981	41,594	35,188	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	6,095,103	710,019	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187445	78,345	14,685	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	392,312	80,021	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115087	452,901	52,123	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.152359	1,506,754	229,568	59.00
60.00	LABORATORY	0.080735	12,380,630	999,550	60.00
60.01	ANATOMICAL PATHOLOGY	0.285467	492,636	140,631	60.01
60.02	LAB-STEM CELL	0.898804	1,482	1,332	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	1,849,029	634,907	63.00
64.00	INTRAVENOUS THERAPY	0.572776	158,428	90,744	64.00
65.00	RESPIRATORY THERAPY	0.186432	5,651,710	1,053,660	65.00
65.01	SLEEP DISORDER	0.178840	4	1	65.01
66.00	PHYSICAL THERAPY	0.422558	712,635	301,130	66.00
67.00	OCCUPATIONAL THERAPY	0.244329	349,591	85,415	67.00
68.00	SPEECH PATHOLOGY	0.640309	156,953	100,498	68.00
69.00	ELECTROCARDIOLOGY	0.113171	1,458,957	165,112	69.00
69.01	CARDIAC REHAB	1.182167	186	220	69.01
69.02	VASCULAR LAB	0.101704	574,575	58,437	69.02
69.03	ENDOSCOPY	0.178270	630,096	112,327	69.03
69.04	CLINICAL NUTRITION	4.148283	447	1,854	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	126,449	76,994	70.00
70.01	ECT	0.376440	0	0	70.01
70.02	PSYCHOTHERAPY	0.262085	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	2,950,837	2,282,192	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	1,260,647	980,864	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	9,857,223	2,462,354	73.00
74.00	RENAL DIALYSIS	0.303504	255,755	77,623	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.749833	0	0	90.00
91.00	EMERGENCY	0.207416	3,773,260	782,634	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	TRANSPORT	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		59,700,799	13,815,471	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		59,700,799		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 26S091		Date/Time Prepared: 5/16/2012 11:11 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT		0		31.01
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		5,867,168		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296316	0	0	50.00
51.00	RECOVERY ROOM	0.275989	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316692	0	0	52.00
53.00	ANESTHESIOLOGY	0.116957	42,844	5,011	53.00
53.01	PAIN MANAGEMENT	0.845981	388	328	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116490	76,929	8,961	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187445	1	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.203972	1,561	318	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115087	3,411	393	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.152359	3,261	497	59.00
60.00	LABORATORY	0.080735	1,050,696	84,828	60.00
60.01	ANATOMIC PATHOLOGY	0.285467	4,570	1,305	60.01
60.02	LAB-STEM CELL	0.898804	3	3	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.343373	3,866	1,327	63.00
64.00	INTRAVENOUS THERAPY	0.572776	260	149	64.00
65.00	RESPIRATORY THERAPY	0.186432	51,745	9,647	65.00
65.01	SLEEP DISORDER	0.178840	0	0	65.01
66.00	PHYSICAL THERAPY	0.422558	7,739	3,270	66.00
67.00	OCCUPATIONAL THERAPY	0.244329	801	196	67.00
68.00	SPEECH PATHOLOGY	0.640309	2,213	1,417	68.00
69.00	ELECTROCARDIOLOGY	0.113171	42,083	4,763	69.00
69.01	CARDIAC REHAB	1.182167	4	5	69.01
69.02	VASCULAR LAB	0.101704	1,773	180	69.02
69.03	ENDOSCOPY	0.178270	4,978	887	69.03
69.04	CLINICAL NUTRITION	4.148283	18	75	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608896	0	0	70.00
70.01	ECT	0.376440	174,682	65,757	70.01
70.02	PSYCHOTHERAPY	0.262085	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773405	1,754	1,357	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778064	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249802	765,737	191,283	73.00
74.00	RENAL DIALYSIS	0.303504	38,870	11,797	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.749833	0	0	90.00
91.00	EMERGENCY	0.207416	739,012	153,283	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220336	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	TRANSPORT	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,019,199	547,037	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,019,199		202.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

Cost Center Description		Kidney			Hospital		PPS		
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)			
		0	1.00	2.00	3.00	4.00			
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>									
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition									
1.00	ADULTS & PEDIATRICS	38.00	0	895.66	0	0	1.00		
2.00	INTENSIVE CARE UNIT	43.00	19,088	1,486.20	6	8,917	2.00		
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.96	0	0	2.01		
3.00	CORONARY CARE UNIT	44.00	0	1,421.43	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	0	0.00	0	0	5.00		
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,177.46	0	0	6.00		
7.00	TOTAL (sum of lines 1-6)		19,088		6	8,917	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	0.296316	18,929	5,609	8.00		
9.00	RECOVERY ROOM		51.00	0.275989	0	0	9.00		
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.316692	0	0	10.00		
11.00	ANESTHESIOLOGY		53.00	0.116957	3,330	389	11.00		
11.01	PAIN MANAGEMENT		53.01	0.845981	0	0	11.01		
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116490	0	0	12.00		
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.187445	0	0	13.00		
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.203972	0	0	13.01		
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00		
14.01	ULTRA SOUND		56.01	0.115087	0	0	14.01		
15.00	CT SCAN		57.00	0.000000	0	0	15.00		
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00		
17.00	CARDIAC CATHETERIZATION		59.00	0.152359	0	0	17.00		
18.00	LABORATORY		60.00	0.080735	20,653	1,667	18.00		
18.01	ANATOMICAL PATHOLOGY		60.01	0.285467	0	0	18.01		
18.02	LAB-STEM CELL		60.02	0.898804	0	0	18.02		
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	0.343373	0	0	21.00		
22.00	INTRAVENOUS THERAPY		64.00	0.572776	0	0	22.00		
23.00	RESPIRATORY THERAPY		65.00	0.186432	7,404	1,380	23.00		
23.01	SLEEP DISORDER		65.01	0.178840	0	0	23.01		
24.00	PHYSICAL THERAPY		66.00	0.422558	0	0	24.00		
25.00	OCCUPATIONAL THERAPY		67.00	0.244329	0	0	25.00		
26.00	SPEECH PATHOLOGY		68.00	0.640309	0	0	26.00		
27.00	ELECTROCARDIOLOGY		69.00	0.113171	0	0	27.00		
27.01	CARDIAC REHAB		69.01	1.182167	0	0	27.01		
27.02	VASCULAR LAB		69.02	0.101704	0	0	27.02		
27.03	ENDOSCOPY		69.03	0.178270	0	0	27.03		
27.04	CLINICAL NUTRITION		69.04	4.148283	0	0	27.04		
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.608896	0	0	28.00		
28.01	ECT		70.01	0.376440	0	0	28.01		
28.02	PSYCHOTHERAPY		70.02	0.262085	0	0	28.02		
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.773405	0	0	29.00		
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.778064	0	0	30.00		
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.249802	0	0	31.00		
32.00	RENAL DIALYSIS		74.00	0.303504	0	0	32.00		
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00		
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00		
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	0.749833	0	0	37.00		
38.00	EMERGENCY		91.00	0.207416	0	0	38.00		
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.220336	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)				50,316	9,045	41.00		

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

		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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	6	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			6	0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	17,962		69,404			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)	585,586		284,400			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)	603,548		353,804			61.00
62.00	Total Usable Organs (see instructions)		28				62.00
63.00	Medicare Usable Organs (see instructions)		24				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.857143				64.00
65.00	Medicare Cost/Charges (see instructions)	517,327		303,261			65.00
66.00	Revenue for Organs Sold	69,405		69,405			66.00
67.00	Subtotal (line 65 minus line 66)	447,922		233,856			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	447,922	0	233,856	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		1	19			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	9			73.00
74.00	Total (sum of lines 70 thru 73)		1	28			74.00
75.00	Organs Transplanted		1	10	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	18	69,405		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	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		1	28			84.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

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)	
		0	1.00	2.00	3.00	4.00	
Liver Hospital PPS							
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	895.66	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	18,378	1,486.20	3	4,459	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.96	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,421.43	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	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,177.46	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		18,378		3	4,459	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	0.296316	19,763	5,856	8.00	
9.00	RECOVERY ROOM	51.00	0.275989	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.316692	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.116957	3,672	429	11.00	
11.01	PAIN MANAGEMENT	53.01	0.845981	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116490	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.187445	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.203972	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.115087	0	0	14.01	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.152359	0	0	17.00	
18.00	LABORATORY	60.00	0.080735	20,382	1,646	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.285467	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.898804	0	0	18.02	
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	0.343373	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.572776	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.186432	6,811	1,270	23.00	
23.01	SLEEP DISORDER	65.01	0.178840	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.422558	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.244329	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.640309	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.113171	0	0	27.00	
27.01	CARDIAC REHAB	69.01	1.182167	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.101704	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.178270	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.148283	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.608896	0	0	28.00	
28.01	ECT	70.01	0.376440	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.262085	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.773405	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.778064	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249802	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.303504	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
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	0.749833	0	0	37.00	
38.00	EMERGENCY	91.00	0.207416	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.220336	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)			50,628	9,201	41.00	

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

		Liver		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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	3	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			3	0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	13,660		69,006			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)	191,409		110,350			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)	205,069		179,356			61.00
62.00	Total Usable Organs (see instructions)		16				62.00
63.00	Medicare Usable Organs (see instructions)		13				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.812500				64.00
65.00	Medicare Cost/Charges (see instructions)	166,619		145,727			65.00
66.00	Revenue for Organs Sold	69,006		69,006			66.00
67.00	Subtotal (line 65 minus line 66)	97,613		76,721			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	97,613	0	76,721	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	13			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	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	16			74.00
75.00	Organs Transplanted		0	3	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	13	69,006		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	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Discarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	16			84.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

Cost Center Description		Heart			Hospital		PPS
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
<b>PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)</b>							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	895.66	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,674	1,486.20	4	5,945	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.96	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,421.43	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	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,177.46	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		6,674		4	5,945	7.00
Cost Center Description		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	0.296316	8,255	2,446	8.00
9.00	RECOVERY ROOM		51.00	0.275989	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.316692	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.116957	1,549	181	11.00
11.01	PAIN MANAGEMENT		53.01	0.845981	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116490	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.187445	0	0	13.00
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.203972	0	0	13.01
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
14.01	ULTRA SOUND		56.01	0.115087	0	0	14.01
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.152359	6,158	938	17.00
18.00	LABORATORY		60.00	0.080735	8,718	704	18.00
18.01	ANATOMIC PATHOLOGY		60.01	0.285467	0	0	18.01
18.02	LAB-STEM CELL		60.02	0.898804	0	0	18.02
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	0.343373	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.572776	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.186432	2,898	540	23.00
23.01	SLEEP DISORDER		65.01	0.178840	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.422558	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.244329	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.640309	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.113171	12,270	1,389	27.00
27.01	CARDIAC REHAB		69.01	1.182167	0	0	27.01
27.02	VASCULAR LAB		69.02	0.101704	0	0	27.02
27.03	ENDOSCOPY		69.03	0.178270	0	0	27.03
27.04	CLINICAL NUTRITION		69.04	4.148283	0	0	27.04
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.608896	0	0	28.00
28.01	ECT		70.01	0.376440	0	0	28.01
28.02	PSYCHOTHERAPY		70.02	0.262085	0	0	28.02
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.773405	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.778064	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.249802	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.303504	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0	34.00
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	0.749833	0	0	37.00
38.00	EMERGENCY		91.00	0.207416	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.220336	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)				39,848	6,198	41.00

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

Provider CCN: 260091

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/16/2012 11:11 am

		Heart		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		
<b>PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)</b>							
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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	4	0	0	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			4	0	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	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
<b>PART III - SUMMARY OF COSTS AND CHARGES</b>							
56.00	Routine and Ancillary from Part I	12,143		46,522			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)	191,178		108,925			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)	203,321		155,447			61.00
62.00	Total Usable Organs (see instructions)		8				62.00
63.00	Medicare Usable Organs (see instructions)		6				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)	152,491		116,585			65.00
66.00	Revenue for Organs Sold	46,522		46,522			66.00
67.00	Subtotal (line 65 minus line 66)	105,969		70,063			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	105,969	0	70,063	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
<b>PART IV - STATISTICS</b>							
70.00	Organs Excised in Provider (1)		0	6			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	2			73.00
74.00	Total (sum of lines 70 thru 73)		0	8			74.00
75.00	Organs Transplanted		0	2		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	6		46,522	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		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	8		0	84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 11:11 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		41,089,584	1.00
2.00	Outlier payments for discharges. (see instructions)		1,284,866	2.00
3.00	Managed Care Simulated Payments		16,040,731	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		495.24	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		141.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		17.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		158.25	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		166.87	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)		158.25	12.00
13.00	Total allowable FTE count for the prior year.		147.25	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.		142.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		149.25	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		149.25	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.301369	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.301334	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.301334	21.00
22.00	IME payment adjustment (see instructions)		8,682,094	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.62	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)		1.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.002019	26.00
27.00	IME payments adjustment. (see instructions)		0.000539	27.00
28.00	IME Adjustment (see instructions)		30,793	28.00
29.00	Total IME payment (sum of lines 22 and 28)		8,712,887	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.91	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		49.00	31.00
32.00	Sum of lines 30 and 31		58.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		37.82	33.00
34.00	Disproportionate share adjustment (see instructions)		15,540,081	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		66,627,418	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)		66,627,418	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,286,342	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).		2,898,232	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		651,504	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		175,499	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			74,638,995 59.00
60.00	Primary payer payments			81,040 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			74,557,955 61.00
62.00	Deductibles billed to program beneficiaries			4,112,276 62.00
63.00	Coinsurance billed to program beneficiaries			232,681 63.00
64.00	Allowable bad debts (see instructions)			1,564,758 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,095,331 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,260,950 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			71,308,329 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			71,308,329 71.00
72.00	Interim payments			69,553,434 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)			1,754,895 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			1,284,866 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			129,918 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: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		50,861	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,706,357	2.00
3.00	PPS payments		18,747,968	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		15,159	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,861	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		202,609	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)		202,609	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		202,609	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		151,748	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)		50,861	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		18,763,127	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,967,457	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		14,846,531	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,191,342	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)		16,037,873	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,037,873	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		460,055	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		322,039	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		378,787	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		16,359,912	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)		16,359,912	40.00
41.00	Interim payments		16,145,184	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)		214,728	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 11:11 am
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)	0	112.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 11:11 am
		Component CCN: 26S091	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,488	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,814,536	2.00
3.00	PPS payments		1,552,782	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		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,488	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		13,962	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)		13,962	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		13,962	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,474	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)		3,488	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)		1,552,785	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		329,459	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,226,814	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,226,814	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,226,814	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,226,814	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,226,814	40.00
41.00	Interim payments		1,223,323	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)		3,491	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 260091 Component CCN: 26S091	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/16/2012 11:11 am
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260091

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		69,378,334		16,128,084	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	12/14/2011	175,100	12/14/2011	17,100	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)		175,100		17,100	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)		69,553,434		16,145,184	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		1,754,895		214,728	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		71,308,329		16,359,912	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: 260091

Period: From 01/01/2011

Worksheet E-1

Component CCN: 26S091

To 12/31/2011

Part I  
Date/Time Prepared:  
5/16/2012 11:11 am

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		4,211,317		1,223,323	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	08/04/2011	13,800		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)		13,800		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)		4,225,117		1,223,323	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		39,947		3,491	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,265,064		1,226,814	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 260091

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/16/2012 11:11 am

		Title XVIII	Hospital	PPS
				1.00
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			25,021 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			26,901 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			10,207 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			126,105 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,490,308,442 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			42,936,552 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,930,120 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,930,120 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/16/2012 11:11 am
		Component CCN: 26S091	Title XVII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,456,552	1.00
2.00	Net IPF PPS Outlier Payments		77,267	2.00
3.00	Net IPF PPS ECT Payments		128,719	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.59	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		1.33	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.59	8.00
9.00	Average Daily Census (see instructions)		38,830,137	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .		0.007796	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		34,743	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		4,697,281	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		4,697,281	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		4,697,281	18.00
19.00	Deductibles		306,516	19.00
20.00	Subtotal (line 18 minus line 19)		4,390,765	20.00
21.00	Coinurance		155,445	21.00
22.00	Subtotal (line 20 minus line 21)		4,235,320	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		42,492	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		29,744	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		35,088	25.00
26.00	Subtotal (sum of lines 22 and 24)		4,265,064	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		4,265,064	31.00
32.00	Interim payments		4,225,117	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)		39,947	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/16/2012 11:11 am	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			141.30	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			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))			17.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			158.30	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			168.20	6.00
7.00	Enter the lesser of line 5 or line 6			158.30	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.	107.91	45.38	153.29	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.	101.56	42.71	144.27	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	101.56	42.71		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	96.96	37.88		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	95.74	39.72		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	98.09	40.10		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	98.09	40.10		17.00
18.00	Per resident amount	95,883.87	95,883.87		18.00
19.00	Approved amount for resident costs	9,405,249	3,844,943	13,250,192	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)			1.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			9.90	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.91	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,883.87	23.00
24.00	Multiply line 22 time line 23			87,254	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,337,446	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	33,061	11,589		26.00
27.00	Total Inpatient Days	140,278	140,278		27.00
28.00	Ratio of inpatient days to total inpatient days	0.235682	0.082615		28.00
29.00	Program direct GME amount	3,143,396	1,101,873		29.00
30.00	Reduction for nursing/allied health		155,695		30.00
31.00	Net Program direct GME amount			4,089,574	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/16/2012 11:11 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		6,069,518	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		61,684,624	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		651,504	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)		81,040	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		62,255,088	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		25,590,404	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,590,404	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		87,845,492	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.708688	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.291312	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,089,574	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		2,898,232	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,191,342	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund		
		1.00	2.00	3.00	4.00		
<b>CURRENT ASSETS</b>							
1.00	Cash on hand in banks	-3,900,156	0	0	0	1.00	
2.00	Temporary investments	7,912,191	0	0	0	2.00	
3.00	Notes receivable	0	0	0	0	3.00	
4.00	Accounts receivable	96,160,000	0	0	0	4.00	
5.00	Other receivable	1,567,107	0	0	0	5.00	
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00	
7.00	Inventory	8,280,989	0	0	0	7.00	
8.00	Prepaid expenses	2,731,185	0	0	0	8.00	
9.00	Other current assets	0	0	0	0	9.00	
10.00	Due from other funds	0	0	0	0	10.00	
11.00	Total current assets (sum of lines 1-10)	112,751,316	0	0	0	11.00	
<b>FIXED ASSETS</b>							
12.00	Land	11,419,205	0	0	0	12.00	
13.00	Land improvements	9,378,325	0	0	0	13.00	
14.00	Accumulated depreciation	-7,294,948	0	0	0	14.00	
15.00	Buildings	371,274,020	0	0	0	15.00	
16.00	Accumulated depreciation	-209,097,689	0	0	0	16.00	
17.00	Leasehold improvements	1,113,922	0	0	0	17.00	
18.00	Accumulated depreciation	-806,270	0	0	0	18.00	
19.00	Fixed equipment	51,766,938	0	0	0	19.00	
20.00	Accumulated depreciation	-45,836,841	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	157,722,765	0	0	0	23.00	
24.00	Accumulated depreciation	-117,666,916	0	0	0	24.00	
25.00	Minor equipment depreciable	1,868,482	0	0	0	25.00	
26.00	Accumulated depreciation	-121,761	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)	223,719,232	0	0	0	30.00	
<b>OTHER ASSETS</b>							
31.00	Investments	66,664,414	9,731,317	13,430,468	483,766	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	1,325,649	0	0	0	34.00	
35.00	Total other assets (sum of lines 31-34)	67,990,063	9,731,317	13,430,468	483,766	35.00	
36.00	Total assets (sum of lines 11, 30, and 35)	404,460,611	9,731,317	13,430,468	483,766	36.00	
<b>CURRENT LIABILITIES</b>							
37.00	Accounts payable	24,099,555	0	0	0	37.00	
38.00	Salaries, wages, and fees payable	22,054,794	0	0	0	38.00	
39.00	Payroll taxes payable	1,509,517	0	0	0	39.00	
40.00	Notes and loans payable (short term)	3,845,970	0	0	0	40.00	
41.00	Deferred income	0	0	0	0	41.00	
42.00	Accelerated payments	0	0	0	0	42.00	
43.00	Due to other funds	0	0	0	0	43.00	
44.00	Other current liabilities	16,388,412	0	0	0	44.00	
45.00	Total current liabilities (sum of lines 37 thru 44)	67,898,248	0	0	0	45.00	
<b>LONG TERM LIABILITIES</b>							
46.00	Mortgage payable	61,592,555	0	0	0	46.00	
47.00	Notes payable	0	0	0	0	47.00	
48.00	Unsecured loans	0	0	0	0	48.00	
49.00	Other long term liabilities	31,882,364	0	0	0	49.00	
50.00	Total long term liabilities (sum of lines 46 thru 49)	93,474,919	0	0	0	50.00	
51.00	Total liabilities (sum of lines 45 and 50)	161,373,167	0	0	0	51.00	
<b>CAPITAL ACCOUNTS</b>							
52.00	General fund balance	243,087,444				52.00	
53.00	Specific purpose fund		9,731,317			53.00	
54.00	Donor created - endowment fund balance - restricted			13,430,468		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				483,766	58.00	
59.00	Total fund balances (sum of lines 52 thru 58)	243,087,444	9,731,317	13,430,468	483,766	59.00	
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	404,460,611	9,731,317	13,430,468	483,766	60.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:  
5/16/2012 11:11 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		251,531,521		10,336,569	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		32,851,844			2.00
3.00	Total (sum of line 1 and line 2)		284,383,365		10,336,569	3.00
4.00	GAIN ON INVESTMENTS	1,591		0		4.00
5.00	TRANSFER FROM OTHER FUNDS	0		3,573,863		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)		1,591		3,573,863	10.00
11.00	Subtotal (line 3 plus line 10)		284,384,956		13,910,432	11.00
12.00	CORPORATE OFFICE	11,836,164		0		12.00
13.00	TRANSFER TO OTHER RELATED ORGANIZATI	29,461,348		0		13.00
14.00	TRANSFER TO OTHER FUNDS	0		4,179,115		14.00
15.00	LOSS ON INVSESTMENTS	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)		41,297,512		4,179,115	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		243,087,444		9,731,317	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260091

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

Worksheet G-1

Date/Time Prepared:  
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	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		12,240,216		355,177		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)		12,240,216		355,177		3.00
4.00 GAIN ON INVESTMENTS	84,213		0			4.00
5.00 TRANSFER FROM OTHER FUNDS	1,106,061		128,589			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)		1,190,274		128,589		10.00
11.00 Subtotal (line 3 plus line 10)		13,430,490		483,766		11.00
12.00 CORPORATE OFFICE	0		0			12.00
13.00 TRANSFER TO OTHER RELATED ORGANIZATI	0		0			13.00
14.00 TRANSFER TO OTHER FUNDS	0		0			14.00
15.00 LOSS ON INVSESTMENTS	22		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		22		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		13,430,468		483,766		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260091

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/16/2012 11:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	195,527,697		195,527,697	1.00
2.00	SUBPROVIDER - IPF	20,596,708		20,596,708	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	216,124,405		216,124,405	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	26,936,974		26,936,974	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	19,102,988		19,102,988	11.01
12.00	CORONARY CARE UNIT	7,714,233		7,714,233	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	102,929,907		102,929,907	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	156,684,102		156,684,102	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	372,808,507		372,808,507	17.00
18.00	Ancillary services	517,016,814	0	517,016,814	18.00
19.00	Outpatient services	0	631,575,513	631,575,513	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NON-REIMB - PRO FEES	5,733,902	18,420,449	24,154,351	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	895,559,223	649,995,962	1,545,555,185	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		566,287,451		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		566,287,451		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260091

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

Worksheet G-3

Date/Time Prepared:  
5/16/2012 11:11 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,545,555,185	1.00
2.00	Less contractual allowances and discounts on patients' accounts	989,349,138	2.00
3.00	Net patient revenues (line 1 minus line 2)	556,206,047	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	566,287,451	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,081,404	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	8,184,768	6.00
7.00	Income from investments	728,235	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	25,575	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	49,196	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	3,767,514	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	8,881,341	17.00
18.00	Revenue from sale of medical records and abstracts	16,834	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	3,418,607	23.00
24.00	<b>SALE OF SERVICES</b>	17,861,178	24.00
25.00	Total other income (sum of lines 6-24)	42,933,248	25.00
26.00	Total (line 5 plus line 25)	32,851,844	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	32,851,844	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 260091

Period:

Worksheet I-1

Component CCN: 262320

From 01/01/2011  
To 12/31/2011

Date/Time Prepared:  
5/16/2012 11:11 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	263,376	Hours of Service	7,182.99	3.45	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	85,381	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	348,757				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	22,197	Requisitions			14.00
15.00	Drugs	95	Requisitions			15.00
16.00	Other	813,255	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	1,184,304				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	15,374	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	26,664	Percentage of Time			19.00
20.00	Employee Benefits	52,552	Salary			20.00
21.00	Administrative & General	418,414	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	73,245	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	2,610	Requisitions			24.00
25.00	Pharmacy	282	Requisitions			25.00
26.00	Other Allocated Costs	68,676	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,842,121				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	1,842,121				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 260091

Period: From 01/01/2011

Worksheet 1-2

Component CCN: 262320

To 12/31/2011

Date/Time Prepared: 5/16/2012 11:11 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	88,619	26,664	263,376	0	52,552	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	24,052	7,234	71,469	0	14,260	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis	64,567	19,430	191,907	0	38,292	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	88,619	26,664	263,376	0	52,552	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2011	Worksheet 1-2
		Component CCN: 262320	To 12/31/2011	Date/Time Prepared: 5/16/2012 11:11 am

		Drugs	Medical Supplies	Routine Ancillary Services	Renal Dialysis	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00		9.00	10.00	
1.00	Total Renal Department Costs	377	24,807	0		456,395	1,385,726	1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	102	6,730	0		123,847	376,030	2.00
3.00	Intermittent Peritoneal	0	0	0		0	0	3.00
<b>TRAINING</b>								
4.00	Hemodialysis	0	0	0		0	0	4.00
5.00	Intermittent Peritoneal	0	0	0		0	0	5.00
6.00	CAPD	0	0	0		0	0	6.00
7.00	CCDP	0	0	0		0	0	7.00
<b>HOME</b>								
8.00	Hemodialysis	0	0	0		0	0	8.00
9.00	Intermittent Peritoneal	0	0	0		0	0	9.00
10.00	CAPD	0	0	0		0	0	10.00
11.00	CCDP	0	0	0		0	0	11.00
<b>OTHER BILLABLE SERVICES</b>								
12.00	Inpatient Dialysis	275	18,077	0		332,548	1,009,696	12.00
13.00	Method II Home Patient	0	0	0		0	0	13.00
14.00	EPO (include in Renal Department)	72,109						14.00
15.00	ARANESP (include in Renal Department)	0						15.00
16.00	Other	0	0	0		0	0	16.00
17.00	Total (sum of lines 2-16)	377	24,807	0		456,395	1,385,726	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2
		Component CCN: 262320	Date/Time Prepared: 5/16/2012 11:11 am	
		Renal Dialysis		

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	1,842,121	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis	499,877	2.00
3.00	Intermittent Peritoneal	0	3.00
<b>TRAINING</b>			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
<b>HOME</b>			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
<b>OTHER BILLABLE SERVICES</b>			
12.00	Inpatient Dialysis	1,342,244	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	1,842,121	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	1,842,121	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-3  
Date/Time Prepared:  
5/16/2012 11:11 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		88,619	26,664	263,376	0	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis		545	27.13	1,947.00	2.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
<b>TRAINING</b>							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
<b>HOME</b>							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	2,868	1,463	72.87	5,228.00	6.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		2,008	100.00	7,175.00	8.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		44.132968	266.640000	36.707456	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-3  
Date/Time Prepared:  
5/16/2012 11:11 am

		Renal Dialysis				Subtotal	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)		
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	52,552	377	24,807	0	456,395	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	71,465	3,993	3,218	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	191,911	10,723	8,643	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	263,376	14,716	11,861	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.199532	0.025618	2.091476	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-3  
Date/Time Prepared:  
5/16/2012 11:11 am

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,385,726	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
<b>TRAINING</b>			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
<b>HOME</b>			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
<b>OTHER BILLABLE SERVICES</b>			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	456,395	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	3.036243	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-4  
Date/Time Prepared:  
5/16/2012 11:11 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,068	499,877	468.05	800	374,440	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		<b>Patient Weeks</b>			<b>Patient Weeks</b>		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,068	499,877		800	374,440	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 260091  
Component CCN: 262320

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

Worksheet 1-4  
Date/Time Prepared:  
5/16/2012 11:11 am

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Rate 0	Renal Dialysis
		6.00	7.00		
1.00	Maintenance - Hemodialysis	330	0.41		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	330			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet I-5 Date/Time Prepared: 5/16/2012 11:11 am
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			374,440 1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)			330 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			52,806 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			52,806 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			264 9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			321,370 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/16/2012 11:11 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,310,836	1.00
2.00	Capital DRG outlier payments		129,918	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		350.32	3.00
4.00	Number of interns & residents (see instructions)		150.25	4.00
5.00	Indirect medical education percentage (see instructions)		12.87	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		426,105	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.91	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		49.00	8.00
9.00	Sum of lines 7 and 8		58.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		12.67	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		419,483	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,286,342	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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