

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: 5/25/2012 11:24 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2012 Time: 11:24 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY'S 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 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	1,756,362	213,640	1,930,120	0	1.00
2.00 Subprovider - IPF	0	39,947	3,492		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	1,796,309	217,132	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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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: 5/25/2012 11:24 am

**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report Date: 5/25/2012 Time: 11:24 am

2.  Manually submitted cost report

3.  If this is an amended report enter the number of times the provider resubmitted this cost report

4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5.  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.  Initial Report for this Provider CCN

9.  Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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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.

Encryption Information

ECR: Date: 5/25/2012 Time: 11:24 am

TCAF4KI6Ty7EX4IAqBEg3GYRmi3Q00

JNB220NVUftgl4SMCdmLkh0ul4p00W

36Oz1zVPw80W:pcg

PI: Date: 5/25/2012 Time: 11:24 am

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1GZbZ0Qn5viU50D09U.GwVf11gZ.W4

mNexnmR0: S0TYI Dy

(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	1,756,362	213,640	1,930,120	0 1.00
2.00	Subprovider - IPF	0	39,947	3,492		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	1,796,309	217,132	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.

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: 5/25/2012 11:23 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 6420 CLAYTON ROAD			PO Box:								
2.00	City: ST. LOUIS			State: MO		Zip Code: 63117-		County: ST. LOUIS				
		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	8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF								N		N	10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
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	

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: 5/25/2012 11:23 am		
		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

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:  
5/25/2012 11:23 am

		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

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: 5/25/2012 11:23 am	
			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	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	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: 5/25/2012 11:23 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
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							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)						1.00	169.00

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: 5/25/2012 11:23 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: 5/25/2012 11:23 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:  
5/25/2012 11:23 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:  
5/25/2012 11:23 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	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						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						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						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		552				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 11:23 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						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	3,718	27,610		12.00
13.00 NURSERY	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						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		247	4,656		28.00
28.01 SUBPROVIDER - IPF				0		28.01
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:  
5/25/2012 11:23 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)	166.84	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						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	168.17	3,196.87	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260091

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 11:23 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				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
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: 5/25/2012 11:23 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: 5/25/2012 11:23 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: 5/25/2012 11:23 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: 5/25/2012 11:23 am
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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: 5/25/2012 11:23 am
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		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: 5/25/2012 11:23 am
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 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 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
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:  
5/25/2012 11:23 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: 5/25/2012 11:23 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)		0.277626		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)		160,782,363		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)	9,739,960	2,180,344	11,920,304	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)	9,673,264	2,023,622	11,696,886	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)		4,949,402		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,646,288		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,646,288		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: 5/25/2012 11:23 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
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
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	-296,707	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
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 - IPF	3,576,121	427,135	4,003,256	654,223	4,657,479	40.00
43.00 NURSERY	0	0	0	495,317	495,317	43.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<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
70.02 PSYCHOTHERAPY	696,016	519,449	1,215,465	199,385	1,414,850	70.02
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<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
113.00	INTEREST EXPENSE			2,360,107	2,360,107	0	2,360,107	113.00
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
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	MISC 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: 5/25/2012 11:23 am
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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	4,490,348	14,989,052	2.00
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
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 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
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
43.00	NURSERY	0	495,317	43.00
45.00	NURSING FACILITY	0	0	45.00
<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	ULTRASOUND	-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	ANATOMICAL 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
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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	0	434,542	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260091

Period:  
From 01/01/2011  
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
106.00	HEART ACQUISITION	0	141,647	106.00
107.00	LIVER ACQUISITION	0	141,474	107.00
113.00	INTEREST EXPENSE	-2,360,107	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-96,700,134	451,918,834	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
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)	-96,700,134	469,587,317	200.00

RECLASSIFICATIONS

Provider CCN: 260091

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

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		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

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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

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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

Date/Time Prepared:  
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
<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  
To 12/31/2011

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: From 01/01/2011 To 12/31/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 5/25/2012 11:23 am
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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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
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	-408,485	0	0	0	14,989,052	2.00
3.00	Total (sum of lines 1-2)	-408,485	0	0	0	27,029,220	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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-408,485	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		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	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		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 MIS REVENUE	B	54	EMPLOYEE BENEFITS	4.00 33.00
33.01 MIS REVENUE	B	-4,054,678	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02 MIS REVENUE	B	-296,887	OPERATION OF PLANT	7.00 33.02
33.03 MIS REVENUE	B	-114,315	LAUNDRY & LINEN SERVICE	8.00 33.03
33.04 MIS REVENUE	B	-30,186	HOUSEKEEPING	9.00 33.04
33.05 MIS REVENUE	B	-3,724,056	CAFETERIA	11.00 33.05
33.06 MIS REVENUE	B	-8,423	NURSING ADMINISTRATION	13.00 33.06
33.07 MIS REVENUE	B	2,271,708	CENTRAL SERVICES & SUPPLY	14.00 33.07
33.08 MIS REVENUE	B	-3,536,706	DRUGS CHARGED TO PATIENTS	73.00 33.08
33.09 MIS REVENUE	B	-16,834	MEDICAL RECORDS & LIBRARY	16.00 33.09
33.10 MIS REVENUE	B	-3,714	SOCIAL SERVICE	17.00 33.10
33.11 MIS REVENUE	B	-65,461	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00 33.11
33.12 MIS REVENUE	B	-59,495	ADULTS & PEDIATRICS	30.00 33.12
33.13 MIS REVENUE	B	-170	NEONATAL INTENSIVE CARE UNIT	35.00 33.13
33.14 MIS REVENUE	B	-39,162	OPERATING ROOM	50.00 33.14
33.15 MIS REVENUE	B	-7,770	RECOVERY ROOM	51.00 33.15
33.16 MIS REVENUE	B	-4,522	ANESTHESIOLOGY	53.00 33.16
33.17 MIS REVENUE	B	-781,590	RADIOLOGY-DIAGNOSTIC	54.00 33.17

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
33.18	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: 5/25/2012 11:23 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.)		-96,700,134			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260091

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

Worksheet A-8

Date/Time Prepared:  
5/25/2012 11:23 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)	11	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:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	MI SC REVENUE	0	33.28
33.29	MI SC REVENUE	0	33.29
33.30	MI SC REVENUE	0	33.30
33.31	MI SC REVENUE	0	33.31
33.32	MI SC REVENUE	0	33.32
33.33	MI SC REVENUE	0	33.33
33.34	MI SC REVENUE	0	33.34
33.35	MI SC REVENUE	0	33.35
33.36	MI SC 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

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		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: 5/25/2012 11:23 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: 5/25/2012 11:23 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<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:  
5/25/2012 11:23 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

Worksheet A-8-2

Date/Time Prepared:  
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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2012 11:23 am

	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:  
5/25/2012 11:23 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			
		1.00	2.00			
<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	14,989,052		14,989,052			2.00
4.00 EMPLOYEE BENEFITS	39,619,452	53,864	3,863	39,677,179		4.00
5.00 ADMINISTRATIVE & GENERAL	104,609,034	2,315,643	1,934,619	6,949,681	115,808,977	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	931,847	582,150	17,293,335	7.00
8.00 LAUNDRY & LINEN SERVICE	1,807,449	86,251	1,363	54,048	1,949,111	8.00
9.00 HOUSEKEEPING	6,527,487	206,145	15,458	840,771	7,589,861	9.00
10.00 DIETARY	2,936,661	115,491	180,114	214,387	3,446,653	10.00
11.00 CAFETERIA	2,731,934	232,782	0	471,285	3,436,001	11.00
13.00 NURSING ADMINISTRATION	6,130,022	24,409	236,916	1,076,086	7,467,433	13.00
14.00 CENTRAL SERVICES & SUPPLY	4,231,779	269,250	0	203,650	4,704,679	14.00
15.00 PHARMACY	2,336,332	71,458	18,783	77,204	2,503,777	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,352,753	132,091	9,414	559,042	5,053,300	16.00
17.00 SOCIAL SERVICE	2,914,196	10,903	1,999	528,705	3,455,803	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	298,358	1,793,662	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	18,626,126	330,142	4,657	106,351	19,067,276	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	979,703	6,447,557	41,335,401	30.00
31.00 INTENSIVE CARE UNIT	4,912,803	135,322	106,488	921,583	6,076,196	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	3,957,336	63,365	131,276	691,477	4,843,454	31.01
32.00 CORONARY CARE UNIT	1,685,416	59,736	77,217	313,050	2,135,419	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	16,417,174	256,907	463,723	2,967,601	20,105,405	35.00
40.00 SUBPROVIDER - IPF	4,645,658	143,813	8,655	796,120	5,594,246	40.00
43.00 NURSERY	495,317	12,495	0	58,925	566,737	43.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	15,897,315	640,913	2,141,508	1,598,312	20,278,048	50.00
51.00 RECOVERY ROOM	3,986,348	146,600	41,388	753,700	4,928,036	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,848,416	52,409	98,149	611,950	4,610,924	52.00
53.00 ANESTHESIOLOGY	1,728,788	27,770	293,425	43,466	2,093,449	53.00
53.01 PAIN MANAGEMENT	482,837	0	24,682	74,141	581,660	53.01
54.00 RADIOLOGY-DIAGNOSTIC	6,710,128	242,781	1,874,558	1,042,187	9,869,654	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,016,096	34,653	554,728	197,289	2,802,766	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	1,269,296	35,381	11,477	100,567	1,416,721	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRA SOUND	758,494	19,187	46,625	153,391	977,697	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	1,476,350	291,843	3,512,351	59.00
60.00 LABORATORY	7,127,871	201,175	116,652	725,560	8,171,258	60.00
60.01 ANATOMICAL PATHOLOGY	2,322,867	76,236	177,531	283,468	2,860,102	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	30,831	366,804	5,035,645	63.00
64.00 INTRAVENOUS THERAPY	2,442,777	91,496	31,461	376,848	2,942,582	64.00
65.00 RESPIRATORY THERAPY	5,675,020	39,178	316,579	656,645	6,687,422	65.00
65.01 SLEEP DISORDER	861,969	14,134	26,380	118,214	1,020,697	65.01
66.00 PHYSICAL THERAPY	1,399,593	214,513	5,350	131,724	1,751,180	66.00
67.00 OCCUPATIONAL THERAPY	525,777	21,247	820	72,689	620,533	67.00
68.00 SPEECH PATHOLOGY	989,826	17,824	22,031	158,302	1,187,983	68.00
69.00 ELECTROCARDIOLOGY	1,615,645	24,363	323,786	234,517	2,198,311	69.00
69.01 CARDIAC REHAB	443,334	39,676	19,071	83,190	585,271	69.01
69.02 VASCULAR LAB	202,184	66,045	186,047	71,376	525,652	69.02
69.03 ENDOSCOPY	2,259,229	128,232	527,588	384,107	3,299,156	69.03
69.04 CLINICAL NUTRITION	680,189	6,263	89	143,681	830,222	69.04
70.00 ELECTROENCEPHALOGRAPHY	783,133	18,781	37,951	43,741	883,606	70.00
70.01 ECT	206,288	26,285	0	34,314	266,887	70.01
70.02 PSYCHOTHERAPY	997,799	42,455	0	163,948	1,204,202	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	1,122,682	28,277,222	73.00
74.00 RENAL DIALYSIS	1,184,304	15,374	25,957	52,551	1,278,186	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 11:23 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			
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	9,202,800	840,374	286,084	1,940,109	12,269,367	90.00
91.00 EMERGENCY	11,048,717	281,454	827,953	1,895,030	14,053,154	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<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
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	451,918,834	11,923,398	14,631,146	38,175,523	449,942,502	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	1,313	0	275,115	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,128,765	64,973	26,127	105,426	1,325,291	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	124,395	4,885	4,937	0	134,217	194.01
194.02 POISON CONTROL	2,080,464	0	126,980	352,123	2,559,567	194.02
194.03 COMMUNITY EDUCATION	260,918	1,340	3,970	49,133	315,361	194.03
194.04 BILLABLE DEPARTMENTS	1,435,549	0	0	345,634	1,781,183	194.04
194.05 MISC NONREIMBURSABLE	7,153,608	17,932	187,683	525,819	7,885,042	194.05
194.06 RETAIL PHARMACY	4,912,378	0	6,896	111,514	5,030,788	194.06
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	469,587,317	12,040,168	14,989,052	39,677,179	469,587,317	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: 5/25/2012 11:23 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	115,808,977					5.00
6.00	MAINTENANCE & REPAIRS	666,900	2,704,175				6.00
7.00	OPERATION OF PLANT	5,660,956	521,621	23,475,912			7.00
8.00	LAUNDRY & LINEN SERVICE	638,040	24,279	261,148	2,872,578		8.00
9.00	HOUSEKEEPING	2,484,533	58,028	624,159	69,323	10,825,904	9.00
10.00	DIETARY	1,128,258	32,510	349,681	0	167,575	10.00
11.00	CAFETERIA	1,124,771	65,526	704,810	0	337,760	11.00
13.00	NURSING ADMINISTRATION	2,444,457	6,871	73,905	0	35,417	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,540,072	75,792	815,227	0	390,674	14.00
15.00	PHARMACY	819,609	20,115	216,360	0	103,684	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,654,193	37,182	399,940	0	191,660	16.00
17.00	SOCIAL SERVICE	1,131,254	3,069	33,012	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	587,153	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,241,654	92,932	999,595	1,485	479,027	22.00
23.00	PARAMED PRGM	194,365	668	7,186	0	3,444	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	13,531,093	570,431	6,135,665	1,224,442	2,940,340	30.00
31.00	INTENSIVE CARE UNIT	1,989,037	38,092	409,723	113,689	196,348	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	1,585,500	17,837	191,856	10,879	91,942	31.01
32.00	CORONARY CARE UNIT	699,027	16,815	180,868	60,824	86,676	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	6,581,484	72,317	777,857	70,376	372,766	35.00
40.00	SUBPROVIDER - I PF	1,831,271	40,482	435,432	48,873	208,668	40.00
43.00	NURSERY	185,521	3,517	37,833	23,768	18,131	43.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	6,637,999	180,412	1,940,539	242,367	929,948	50.00
51.00	RECOVERY ROOM	1,613,188	41,267	443,870	64,626	212,712	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,509,381	14,753	158,682	163,686	76,044	52.00
53.00	ANESTHESIOLOGY	685,288	7,817	84,082	0	40,294	53.00
53.01	PAIN MANAGEMENT	190,406	0	0	5,199	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	3,230,821	68,341	735,086	135,678	352,269	54.00
55.00	RADIOLOGY-THERAPEUTIC	917,483	9,755	104,923	1,535	50,281	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	463,762	9,959	107,125	8,483	51,337	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	320,048	5,401	58,095	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	1,149,765	21,889	235,439	44,337	112,827	59.00
60.00	LABORATORY	2,674,853	56,629	609,113	0	291,900	60.00
60.01	ANATOMICAL PATHOLOGY	936,252	21,460	230,826	0	110,617	60.01
60.02	LAB-STEM CELL	26,562	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.	1,648,413	4,048	43,536	0	20,864	63.00
64.00	INTRAVENOUS THERAPY	963,251	25,755	277,028	1,783	132,758	64.00
65.00	RESPIRATORY THERAPY	2,189,121	11,028	118,624	0	56,847	65.00
65.01	SLEEP DISORDER	334,124	3,979	42,794	0	20,508	65.01
66.00	PHYSICAL THERAPY	573,247	60,384	649,497	40,817	311,253	66.00
67.00	OCCUPATIONAL THERAPY	203,131	5,981	64,331	17,152	30,829	67.00
68.00	SPEECH PATHOLOGY	388,885	5,017	53,968	0	25,863	68.00
69.00	ELECTROCARDIOLOGY	719,615	6,858	73,766	525	35,350	69.00
69.01	CARDIAC REHAB	191,588	11,169	120,130	5,893	57,569	69.01
69.02	VASCULAR LAB	172,072	18,591	199,970	3,713	95,830	69.02
69.03	ENDOSCOPY	1,079,975	36,096	388,256	44,639	186,061	69.03
69.04	CLINICAL NUTRITION	271,772	1,763	18,963	0	9,088	69.04
70.00	ELECTROENCEPHALOGRAPHY	289,248	5,287	56,866	25,927	27,251	70.00
70.01	ECT	87,365	7,399	79,585	0	38,139	70.01
70.02	PSYCHOTHERAPY	394,194	11,951	128,546	0	61,602	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,650,288	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,618,103	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,256,520	0	0	0	0	73.00
74.00	RENAL DIALYSIS	418,413	4,328	46,550	0	22,308	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	4,016,365	236,558	2,544,459	114,378	1,219,360	90.00
91.00	EMERGENCY	4,600,286	79,227	852,179	311,013	408,383	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	143,608	67	719	0	344	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 11:23 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	
106.00 HEART ACQUISITION	46,857	24	255	0	122	106.00
107.00 LIVER ACQUISITION	46,869	28	301	0	144	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	109,378,266	2,671,305	23,122,360	2,859,866	10,656,474	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,726	7,490	80,558	0	38,605	190.00
191.00 RESEARCH	90,059	291	3,130	0	1,500	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	433,833	18,289	196,724	12,712	94,275	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	43,936	1,375	14,790	0	7,088	194.01
194.02 POISON CONTROL	837,872	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	103,233	377	4,057	0	1,944	194.03
194.04 BILLABLE DEPARTMENTS	583,068	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	2,581,161	5,048	54,293	0	26,018	194.05
194.06 RETAIL PHARMACY	1,646,823	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)	115,808,977	2,704,175	23,475,912	2,872,578	10,825,904	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: 5/25/2012 11:23 am
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	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	5,124,677					10.00
11.00 CAFETERIA	0	5,668,868				11.00
13.00 NURSING ADMINISTRATION	0	199,051	10,227,134			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	68,225	0	7,594,669		14.00
15.00 PHARMACY	0	10,040	0	43,702	3,717,287	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	163,719	39,803	15	0	16.00
17.00 SOCIAL SERVICE	0	96,650	108,453	36	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	77,109	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,595	108	11	22.00
23.00 PARAMED ED PRGM	0	11,529	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,962,772	1,275,625	3,729,009	408,877	26,161	30.00
31.00 INTENSIVE CARE UNIT	243,134	161,742	488,425	123,623	1,508	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	160,042	134,780	392,298	51,949	1,797	31.01
32.00 CORONARY CARE UNIT	91,659	54,359	176,761	0	419	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	969,230	499,142	1,327,547	229,334	5,345	35.00
40.00 SUBPROVIDER - IPF	497,536	164,592	382,197	10,863	235	40.00
43.00 NURSERY	200,304	12,325	20,287	0	0	43.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	317,167	549,885	66,764	20,740	50.00
51.00 RECOVERY ROOM	0	122,455	366,618	24,773	1,614	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	110,053	282,304	1,394	21	52.00
53.00 ANESTHESIOLOGY	0	13,455	44,854	212,561	78,466	53.00
53.01 PAIN MANAGEMENT	0	12,556	35,609	1,457	266	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	218,335	42,628	17,082	641	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	24,034	16,093	1,979	130	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	12,967	5,478	3,446	5,068	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRA SOUND	0	24,368	0	1,133	2,282	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	46,117	115,472	433	282	59.00
60.00 LABORATORY	0	138,041	171	117,115	416	60.00
60.01 ANATOMICAL PATHOLOGY	0	65,503	0	73,440	2,119	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	111,209	2,996	69,985	61	63.00
64.00 INTRAVENOUS THERAPY	0	54,256	145,004	54,715	2,143	64.00
65.00 RESPIRATORY THERAPY	0	130,569	86	2	5,449	65.00
65.01 SLEEP DISORDER	0	27,552	3,510	7,654	345	65.01
66.00 PHYSICAL THERAPY	0	22,570	0	836	14	66.00
67.00 OCCUPATIONAL THERAPY	0	13,712	0	12	0	67.00
68.00 SPEECH PATHOLOGY	0	31,968	0	12,758	0	68.00
69.00 ELECTROCARDIOLOGY	0	46,527	6,420	6,667	38,293	69.00
69.01 CARDIAC REHAB	0	14,225	46,908	973	0	69.01
69.02 VASCULAR LAB	0	12,736	856	1,493	26,247	69.02
69.03 ENDOSCOPY	0	69,509	161,011	2,078	1,887	69.03
69.04 CLINICAL NUTRITION	0	33,689	0	1	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0	10,502	0	2,365	173	70.00
70.01 ECT	0	5,983	18,660	4,890	0	70.01
70.02 PSYCHOTHERAPY	0	27,937	25,851	52	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,169,590	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,432,144	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	172,706	0	0	0	73.00
74.00 RENAL DIALYSIS	0	8,884	29,617	2,610	72,381	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	252,768	649,521	27,668	112,765	90.00
91.00 EMERGENCY	0	391,991	803,513	161,976	6,327	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	514	1,712	0	0	105.00
106.00 HEART ACQUISITION	0	205	599	0	0	106.00
107.00 LIVER ACQUISITION	0	231	685	0	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,124,677	5,474,285	10,024,436	7,348,553	413,606	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,108	0	175	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	14,328	86	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	257	0	0	194.01
194.02 POISON CONTROL	0	46,604	118,982	0	0	194.02
194.03 COMMUNITY EDUCATION	0	8,474	21,143	11	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	0	102,016	62,230	245,930	14,713	194.05
194.06 RETAIL PHARMACY	0	19,053	0	0	3,288,968	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)	5,124,677	5,668,868	10,227,134	7,594,669	3,717,287	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: 5/25/2012 11:23 am
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		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
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	7,539,812				16.00
17.00	SOCIAL SERVICE	0	4,844,097			17.00
19.00	NONPHYSICIAN ANESTHETISTS	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	0	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	925,567	2,933,292	0	0	30.00
31.00	INTENSIVE CARE UNIT	129,219	226,197	0	0	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	96,107	163,714	0	0	31.01
32.00	CORONARY CARE UNIT	38,810	85,732	0	0	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	517,840	971,144	0	0	35.00
40.00	SUBPROVIDER - IPF	103,622	464,018	0	0	40.00
43.00	NURSERY	46,750	0	0	0	43.00
45.00	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	556,837	0	0	0	50.00
51.00	RECOVERY ROOM	149,900	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	112,263	0	0	0	52.00
53.00	ANESTHESIOLOGY	150,829	0	0	0	53.00
53.01	PAIN MANAGEMENT	5,000	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	687,127	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	112,100	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	54,456	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	ULTRA SOUND	66,887	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	186,894	0	0	0	59.00
60.00	LABORATORY	821,063	0	0	0	60.00
60.01	ANATOMICAL PATHOLOGY	79,382	0	0	0	60.01
60.02	LAB-STEM CELL	607	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.	104,537	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	42,129	0	0	0	64.00
65.00	RESPIRATORY THERAPY	258,971	0	0	0	65.00
65.01	SLEEP DISORDER	44,491	0	0	0	65.01
66.00	PHYSICAL THERAPY	41,671	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	20,391	0	0	0	67.00
68.00	SPEECH PATHOLOGY	13,661	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	148,941	0	0	0	69.00
69.01	CARDIAC REHAB	4,552	0	0	0	69.01
69.02	VASCULAR LAB	56,548	0	0	0	69.02
69.03	ENDOSCOPY	159,941	0	0	0	69.03
69.04	CLINICAL NUTRITION	1,495	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	10,983	0	0	0	70.00
70.01	ECT	6,959	0	0	0	70.01
70.02	PSYCHOTHERAPY	36,283	0	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,188	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	111,287	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	774,712	0	0	0	73.00
74.00	RENAL DIALYSIS	30,536	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	150,011	0	0	0	90.00
91.00	EMERGENCY	536,265	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	16.00	17.00	19.00	20.00		
<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
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,539,812	4,844,097	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
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			0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	7,539,812	4,844,097	0	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<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
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	2,457,924					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	26,885,683				22.00
23.00 PARAMED PRGM	0	0	810,948			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,686,654	18,449,236	402,923	98,537,488	-20,135,890	30.00
31.00 INTENSIVE CARE UNIT	78,925	863,309	81,605	11,220,772	-942,234	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	0	7,742,155	0	31.01
32.00 CORONARY CARE UNIT	0	0	81,605	3,708,974	0	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0	0	32,499,787	0	35.00
40.00 SUBPROVIDER - IPF	19,439	212,630	0	10,014,104	-232,069	40.00
43.00 NURSERY	0	0	81,605	1,196,778	0	43.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	282,229	3,087,129	0	35,090,064	-3,369,358	50.00
51.00 RECOVERY ROOM	0	0	0	7,969,059	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	7,039,505	0	52.00
53.00 ANESTHESIOLOGY	79,948	874,500	0	4,365,543	-954,448	53.00
53.01 PAIN MANAGEMENT	0	0	0	832,153	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	62,117	679,456	0	16,099,235	-741,573	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	4,041,079	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	2,138,802	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 ULTRASOUND	0	0	0	1,488,207	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	5,425,806	0	59.00
60.00 LABORATORY	0	0	0	12,880,559	0	60.00
60.01 ANATOMICAL PATHOLOGY	62,555	684,252	0	5,126,508	-746,807	60.01
60.02 LAB-STEM CELL	0	0	0	108,416	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	7,041,294	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	4,641,404	0	64.00
65.00 RESPIRATORY THERAPY	13,446	147,082	0	9,618,647	-160,528	65.00
65.01 SLEEP DISORDER	0	0	0	1,505,654	0	65.01
66.00 PHYSICAL THERAPY	0	0	0	3,451,469	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	976,072	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,720,103	0	68.00
69.00 ELECTROCARDIOLOGY	16,954	185,452	0	3,483,679	-202,406	69.00
69.01 CARDIAC REHAB	0	0	0	1,038,278	0	69.01
69.02 VASCULAR LAB	0	0	0	1,113,708	0	69.02
69.03 ENDOSCOPY	0	0	0	5,428,609	0	69.03
69.04 CLINICAL NUTRITION	0	0	0	1,166,993	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	75,563	826,539	0	2,214,310	-902,102	70.00
70.01 ECT	0	0	0	515,867	0	70.01
70.02 PSYCHOTHERAPY	0	0	0	1,890,618	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,169,969	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	17,214,272	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	38,481,160	0	73.00
74.00 RENAL DIALYSIS	0	0	0	1,913,813	-72,109	74.00

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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				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	13,885	151,878	163,210	21,922,193	-165,763	90.00
91.00 EMERGENCY	66,209	724,220	0	22,994,743	-790,429	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	585,663	0	105.00
106.00 HEART ACQUISITION	0	0	0	191,203	0	106.00
107.00 LIVER ACQUISITION	0	0	0	191,434	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,457,924	26,885,683	810,948	438,996,149	-29,415,716	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	579,913	0	190.00
191.00 RESEARCH	0	0	0	370,095	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,095,538	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	0	201,663	0	194.01
194.02 POISON CONTROL	0	0	0	3,563,025	0	194.02
194.03 COMMUNITY EDUCATION	0	0	0	454,600	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	2,364,251	0	194.04
194.05 MISC NONREIMBURSABLE	0	0	0	10,976,451	0	194.05
194.06 RETAIL PHARMACY	0	0	0	9,985,632	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)	2,457,924	26,885,683	810,948	469,587,317	-29,415,716	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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
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	78,401,598	30.00
31.00	INTENSIVE CARE UNIT	10,278,538	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	7,742,155	31.01
32.00	CORONARY CARE UNIT	3,708,974	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	32,499,787	35.00
40.00	SUBPROVIDER - IPF	9,782,035	40.00
43.00	NURSERY	1,196,778	43.00
45.00	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	31,720,706	50.00
51.00	RECOVERY ROOM	7,969,059	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,039,505	52.00
53.00	ANESTHESIOLOGY	3,411,095	53.00
53.01	PAIN MANAGEMENT	832,153	53.01
54.00	RADIOLOGY-DIAGNOSTIC	15,357,662	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,041,079	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,138,802	55.01
56.00	RADIOISOTOPE	0	56.00
56.01	ULTRA SOUND	1,488,207	56.01
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	5,425,806	59.00
60.00	LABORATORY	12,880,559	60.00
60.01	ANATOMIC PATHOLOGY	4,379,701	60.01
60.02	LAB-STEM CELL	108,416	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.	7,041,294	63.00
64.00	INTRAVENOUS THERAPY	4,641,404	64.00
65.00	RESPIRATORY THERAPY	9,458,119	65.00
65.01	SLEEP DISORDER	1,505,654	65.01
66.00	PHYSICAL THERAPY	3,451,469	66.00
67.00	OCCUPATIONAL THERAPY	976,072	67.00
68.00	SPEECH PATHOLOGY	1,720,103	68.00
69.00	ELECTROCARDIOLOGY	3,281,273	69.00
69.01	CARDIAC REHAB	1,038,278	69.01
69.02	VASCULAR LAB	1,113,708	69.02
69.03	ENDOSCOPY	5,428,609	69.03
69.04	CLINICAL NUTRITION	1,166,993	69.04
70.00	ELECTROENCEPHALOGRAPHY	1,312,208	70.00
70.01	ECT	515,867	70.01
70.02	PSYCHOTHERAPY	1,890,618	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,169,969	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	17,214,272	72.00
73.00	DRUGS CHARGED TO PATIENTS	38,481,160	73.00
74.00	RENAL DIALYSIS	1,841,704	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	CLINIC	21,756,430	90.00
91.00	EMERGENCY	22,204,314	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	KIDNEY ACQUISITION	585,663	105.00
106.00	HEART ACQUISITION	191,203	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260091

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 11:23 am

Cost Center Description		Total	
		26.00	
107.00	LIVER ACQUISITION	191,434	107.00
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	409,580,433	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	579,913	190.00
191.00	RESEARCH	370,095	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,095,538	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	FOUNDATION	201,663	194.01
194.02	POISON CONTROL	3,563,025	194.02
194.03	COMMUNITY EDUCATION	454,600	194.03
194.04	BILLABLE DEPARTMENTS	2,364,251	194.04
194.05	MISC NONREIMBURSABLE	10,976,451	194.05
194.06	RETAIL PHARMACY	9,985,632	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)	440,171,601	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: 5/25/2012 11:23 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
<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	3,863	59,670	59,670	4.00
5.00	ADMINISTRATIVE & GENERAL	5,919,880	2,315,643	1,934,619	10,170,142	10,459	5.00
6.00	MAINTENANCE & REPAIRS	0	64,078	0	64,078	0	6.00
7.00	OPERATION OF PLANT	5,176	1,853,057	931,847	2,790,080	875	7.00
8.00	LAUNDRY & LINEN SERVICE	18,079	86,251	1,363	105,693	81	8.00
9.00	HOUSEKEEPING	1,198	206,145	15,458	222,801	1,264	9.00
10.00	DIETARY	28,346	115,491	180,114	323,951	322	10.00
11.00	CAFETERIA	0	232,782	0	232,782	709	11.00
13.00	NURSING ADMINISTRATION	5,239	24,409	236,916	266,564	1,618	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,018,573	269,250	0	1,287,823	306	14.00
15.00	PHARMACY	402,406	71,458	18,783	492,647	116	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,638	132,091	9,414	156,143	841	16.00
17.00	SOCIAL SERVICE	7,005	10,903	1,999	19,907	795	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	449	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,062	330,142	4,657	336,861	160	22.00
23.00	PARAMED ED PRGM	0	2,374	0	2,374	126	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	86,139	2,026,463	979,703	3,092,305	9,694	30.00
31.00	INTENSIVE CARE UNIT	10,797	135,322	106,488	252,607	1,386	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	16,657	63,365	131,276	211,298	1,040	31.01
32.00	CORONARY CARE UNIT	1,666	59,736	77,217	138,619	471	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	8,411	256,907	463,723	729,041	4,462	35.00
40.00	SUBPROVIDER - I PF	2,369	143,813	8,655	154,837	1,197	40.00
43.00	NURSERY	0	12,495	0	12,495	89	43.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	467,098	640,913	2,141,508	3,249,519	2,403	50.00
51.00	RECOVERY ROOM	2,669	146,600	41,388	190,657	1,133	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,471	52,409	98,149	152,029	920	52.00
53.00	ANESTHESIOLOGY	0	27,770	293,425	321,195	65	53.00
53.01	PAIN MANAGEMENT	67,542	0	24,682	92,224	111	53.01
54.00	RADIOLOGY-DIAGNOSTIC	326,720	242,781	1,874,558	2,444,059	1,567	54.00
55.00	RADIOLOGY-THERAPEUTIC	185,513	34,653	554,728	774,894	297	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	43,962	35,381	11,477	90,820	151	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	19,187	46,625	65,812	231	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	28,753	77,760	1,476,350	1,582,863	439	59.00
60.00	LABORATORY	227,426	201,175	116,652	545,253	1,091	60.00
60.01	ANATOMICAL PATHOLOGY	2,044	76,236	177,531	255,811	426	60.01
60.02	LAB-STEM CELL	0	0	0	0	1	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	14,379	30,831	45,210	552	63.00
64.00	INTRAVENOUS THERAPY	223,143	91,496	31,461	346,100	567	64.00
65.00	RESPIRATORY THERAPY	97,031	39,178	316,579	452,788	987	65.00
65.01	SLEEP DISORDER	2,189	14,134	26,380	42,703	178	65.01
66.00	PHYSICAL THERAPY	74,142	214,513	5,350	294,005	198	66.00
67.00	OCCUPATIONAL THERAPY	446	21,247	820	22,513	109	67.00
68.00	SPEECH PATHOLOGY	1,608	17,824	22,031	41,463	238	68.00
69.00	ELECTROCARDIOLOGY	5,233	24,363	323,786	353,382	353	69.00
69.01	CARDIAC REHAB	433	39,676	19,071	59,180	125	69.01
69.02	VASCULAR LAB	743	66,045	186,047	252,835	107	69.02
69.03	ENDOSCOPY	250,388	128,232	527,588	906,208	578	69.03
69.04	CLINICAL NUTRITION	474	6,263	89	6,826	216	69.04
70.00	ELECTROENCEPHALOGRAPHY	516	18,781	37,951	57,248	66	70.00
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	1,688	73.00
74.00	RENAL DIALYSIS	0	15,374	25,957	41,331	79	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	729,048	840,374	286,084	1,855,506	2,917	90.00

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			
		0	2.00			
91.00 EMERGENCY	9,740	281,454	827,953	1,119,147	2,849	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
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
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,300,127	11,923,398	14,631,146	36,854,671	57,411	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,606	0	26,606	18	190.00
191.00 RESEARCH	4,750	1,034	1,313	7,097	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	88,823	64,973	26,127	179,923	159	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	124,395	4,885	4,937	134,217	0	194.01
194.02 POISON CONTROL	71,360	0	126,980	198,340	529	194.02
194.03 COMMUNITY EDUCATION	0	1,340	3,970	5,310	74	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	520	194.04
194.05 MISC NONREIMBURSABLE	20,168	17,932	187,683	225,783	791	194.05
194.06 RETAIL PHARMACY	33,165	0	6,896	40,061	168	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,642,788	12,040,168	14,989,052	37,672,008	59,670	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: 5/25/2012 11:23 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	10,180,601					5.00
6.00	MAINTENANCE & REPAIRS	58,627	122,705				6.00
7.00	OPERATION OF PLANT	497,650	23,669	3,312,274			7.00
8.00	LAUNDRY & LINEN SERVICE	56,090	1,102	36,846	199,812		8.00
9.00	HOUSEKEEPING	218,413	2,633	88,064	4,822	537,997	9.00
10.00	DIETARY	99,184	1,475	49,337	0	8,328	10.00
11.00	CAFETERIA	98,878	2,973	99,443	0	16,785	11.00
13.00	NURSING ADMINISTRATION	214,890	312	10,427	0	1,760	13.00
14.00	CENTRAL SERVICES & SUPPLY	135,387	3,439	115,022	0	19,415	14.00
15.00	PHARMACY	72,051	913	30,527	0	5,153	15.00
16.00	MEDICAL RECORDS & LIBRARY	145,419	1,687	56,429	0	9,525	16.00
17.00	SOCIAL SERVICE	99,448	139	4,658	0	786	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	51,616	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	548,699	4,217	141,035	103	23,805	22.00
23.00	PARAMED PRGM	17,087	30	1,014	0	171	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,189,429	25,885	865,695	85,169	146,120	30.00
31.00	INTENSIVE CARE UNIT	174,855	1,728	57,809	7,908	9,758	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	139,380	809	27,069	757	4,569	31.01
32.00	CORONARY CARE UNIT	61,451	763	25,519	4,231	4,307	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	578,573	3,281	109,750	4,895	18,525	35.00
40.00	SUBPROVIDER - I PF	160,986	1,837	61,436	3,400	10,370	40.00
43.00	NURSERY	16,309	160	5,338	1,653	901	43.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	583,541	8,186	273,795	16,859	46,214	50.00
51.00	RECOVERY ROOM	141,814	1,873	62,627	4,495	10,571	51.00
52.00	DELIVERY ROOM & LABOR ROOM	132,689	669	22,389	11,386	3,779	52.00
53.00	ANESTHESIOLOGY	60,243	355	11,863	0	2,002	53.00
53.01	PAIN MANAGEMENT	16,738	0	0	362	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	284,019	3,101	103,715	9,438	17,506	54.00
55.00	RADIOLOGY-THERAPEUTIC	80,655	443	14,804	107	2,499	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	40,769	452	15,115	590	2,551	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRASOUND	28,135	245	8,197	310	1,384	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	101,075	993	33,219	3,084	5,607	59.00
60.00	LABORATORY	235,144	2,570	85,941	0	14,506	60.00
60.01	ANATOMICAL PATHOLOGY	82,305	974	32,568	0	5,497	60.01
60.02	LAB-STEM CELL	2,335	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.	144,911	184	6,143	0	1,037	63.00
64.00	INTRAVENOUS THERAPY	84,679	1,169	39,087	124	6,597	64.00
65.00	RESPIRATORY THERAPY	192,444	500	16,737	0	2,825	65.00
65.01	SLEEP DISORDER	29,373	181	6,038	0	1,019	65.01
66.00	PHYSICAL THERAPY	50,394	2,740	91,639	2,839	15,468	66.00
67.00	OCCUPATIONAL THERAPY	17,857	271	9,077	1,193	1,532	67.00
68.00	SPEECH PATHOLOGY	34,187	228	7,615	0	1,285	68.00
69.00	ELECTROCARDIOLOGY	63,261	311	10,408	37	1,757	69.00
69.01	CARDIAC REHAB	16,842	507	16,949	410	2,861	69.01
69.02	VASCULAR LAB	15,127	844	28,214	258	4,762	69.02
69.03	ENDOSCOPY	94,940	1,638	54,780	3,105	9,246	69.03
69.04	CLINICAL NUTRITION	23,891	80	2,676	0	452	69.04
70.00	ELECTROENCEPHALOGRAPHY	25,428	240	8,023	1,803	1,354	70.00
70.01	ECT	7,680	336	11,229	0	1,895	70.01
70.02	PSYCHOTHERAPY	34,653	542	18,137	0	3,061	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	408,803	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	318,065	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	813,734	0	0	0	0	73.00
74.00	RENAL DIALYSIS	36,782	196	6,568	0	1,109	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	353,076	10,734	359,004	7,956	60,597	90.00
91.00	EMERGENCY	404,408	3,595	120,236	21,634	20,295	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	12,624	3	101	0	17	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2012 11:23 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	
106.00 HEART ACQUISITION	4,119	1	36	0	6	106.00
107.00 LIVER ACQUISITION	4,120	1	43	0	7	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,615,282	121,214	3,262,391	198,928	529,576	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,734	340	11,366	0	1,919	190.00
191.00 RESEARCH	7,917	13	442	0	75	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	38,138	830	27,756	884	4,685	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	3,862	62	2,087	0	352	194.01
194.02 POISON CONTROL	73,657	0	0	0	0	194.02
194.03 COMMUNITY EDUCATION	9,075	17	572	0	97	194.03
194.04 BILLABLE DEPARTMENTS	51,257	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	226,908	229	7,660	0	1,293	194.05
194.06 RETAIL PHARMACY	144,771	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)	10,180,601	122,705	3,312,274	199,812	537,997	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: 5/25/2012 11:23 am	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	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	482,597					10.00
11.00	CAFETERIA	0	451,570				11.00
13.00	NURSING ADMINISTRATION	0	15,856	511,427			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	5,435	0	1,566,827		14.00
15.00	PHARMACY	0	800	0	9,016	611,223	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	13,041	1,990	3	0	16.00
17.00	SOCIAL SERVICE	0	7,699	5,423	7	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	6,142	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	180	22	2	22.00
23.00	PARAMED PRGM	0	918	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	279,007	101,613	186,476	84,355	4,302	30.00
31.00	INTENSIVE CARE UNIT	22,896	12,884	24,425	25,504	248	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	15,071	10,736	19,618	10,718	295	31.01
32.00	CORONARY CARE UNIT	8,632	4,330	8,839	0	69	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	91,274	39,761	66,386	47,313	879	35.00
40.00	SUBPROVIDER - IPF	46,854	13,111	19,112	2,241	39	40.00
43.00	NURSERY	18,863	982	1,014	0	0	43.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	25,265	27,498	13,774	3,410	50.00
51.00	RECOVERY ROOM	0	9,755	18,333	5,111	265	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,767	14,117	288	3	52.00
53.00	ANESTHESIOLOGY	0	1,072	2,243	43,853	12,902	53.00
53.01	PAIN MANAGEMENT	0	1,000	1,781	301	44	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	17,392	2,132	3,524	105	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,914	805	408	21	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,033	274	711	833	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	0	1,941	0	234	375	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	3,674	5,774	89	46	59.00
60.00	LABORATORY	0	10,996	9	24,162	68	60.00
60.01	ANATOMICAL PATHOLOGY	0	5,218	0	15,151	348	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	8,859	150	14,439	10	63.00
64.00	INTRAVENOUS THERAPY	0	4,322	7,251	11,288	352	64.00
65.00	RESPIRATORY THERAPY	0	10,401	4	0	896	65.00
65.01	SLEEP DISORDER	0	2,195	176	1,579	57	65.01
66.00	PHYSICAL THERAPY	0	1,798	0	173	2	66.00
67.00	OCCUPATIONAL THERAPY	0	1,092	0	3	0	67.00
68.00	SPEECH PATHOLOGY	0	2,547	0	2,632	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,706	321	1,375	6,296	69.00
69.01	CARDIAC REHAB	0	1,133	2,346	201	0	69.01
69.02	VASCULAR LAB	0	1,015	43	308	4,316	69.02
69.03	ENDOSCOPY	0	5,537	8,052	429	310	69.03
69.04	CLINICAL NUTRITION	0	2,684	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	837	0	488	28	70.00
70.01	ECT	0	477	933	1,009	0	70.01
70.02	PSYCHOTHERAPY	0	2,225	1,293	11	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	653,896	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	501,772	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	13,757	0	0	0	73.00
74.00	RENAL DIALYSIS	0	708	1,481	538	11,901	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	20,135	32,481	5,708	18,542	90.00
91.00	EMERGENCY	0	31,225	40,181	33,417	1,040	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	41	86	0	0	105.00
106.00 HEART ACQUISITION	0	16	30	0	0	106.00
107.00 LIVER ACQUISITION	0	18	34	0	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	482,597	436,071	501,291	1,516,051	68,004	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	327	0	36	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,141	4	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	0	13	0	0	194.01
194.02 POISON CONTROL	0	3,712	5,950	0	0	194.02
194.03 COMMUNITY EDUCATION	0	675	1,057	2	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	0	8,126	3,112	50,738	2,419	194.05
194.06 RETAIL PHARMACY	0	1,518	0	0	540,800	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)	482,597	451,570	511,427	1,566,827	611,223	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: 5/25/2012 11:23 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		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
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	385,078					16.00
17.00	SOCIAL SERVICE	0	138,862				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	47,200	84,086				30.00
31.00	INTENSIVE CARE UNIT	6,601	6,484				31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	4,909	4,693				31.01
32.00	CORONARY CARE UNIT	1,983	2,458				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	26,453	27,839				35.00
40.00	SUBPROVIDER - IPF	5,293	13,302				40.00
43.00	NURSERY	2,388	0				43.00
45.00	NURSING FACILITY	0	0				45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	28,445	0				50.00
51.00	RECOVERY ROOM	7,657	0				51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,735	0				52.00
53.00	ANESTHESIOLOGY	7,705	0				53.00
53.01	PAIN MANAGEMENT	255	0				53.01
54.00	RADIOLOGY-DIAGNOSTIC	35,101	0				54.00
55.00	RADIOLOGY-THERAPEUTIC	5,726	0				55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,782	0				55.01
56.00	RADIOISOTOPE	0	0				56.00
56.01	ULTRA SOUND	3,417	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	9,547	0				59.00
60.00	LABORATORY	41,943	0				60.00
60.01	ANATOMICAL PATHOLOGY	4,055	0				60.01
60.02	LAB-STEM CELL	31	0				60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	5,340	0				63.00
64.00	INTRAVENOUS THERAPY	2,152	0				64.00
65.00	RESPIRATORY THERAPY	13,229	0				65.00
65.01	SLEEP DISORDER	2,273	0				65.01
66.00	PHYSICAL THERAPY	2,129	0				66.00
67.00	OCCUPATIONAL THERAPY	1,042	0				67.00
68.00	SPEECH PATHOLOGY	698	0				68.00
69.00	ELECTROCARDIOLOGY	7,608	0				69.00
69.01	CARDIAC REHAB	233	0				69.01
69.02	VASCULAR LAB	2,889	0				69.02
69.03	ENDOSCOPY	8,170	0				69.03
69.04	CLINICAL NUTRITION	76	0				69.04
70.00	ELECTROENCEPHALOGRAPHY	561	0				70.00
70.01	ECT	356	0				70.01
70.02	PSYCHOTHERAPY	1,853	0				70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,366	0				71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,685	0				72.00
73.00	DRUGS CHARGED TO PATIENTS	39,575	0				73.00
74.00	RENAL DIALYSIS	1,560	0				74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	7,663	0				90.00
91.00	EMERGENCY	27,394	0				91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/25/2012 11:23 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		16.00	17.00	19.00	20.00		
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0				105.00
106.00	HEART ACQUISITION	0	0				106.00
107.00	LIVER ACQUISITION	0	0				107.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	385,078	138,862	0	0		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00	RESEARCH	0	0				191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01	FOUNDATION	0	0				194.01
194.02	POISON CONTROL	0	0				194.02
194.03	COMMUNITY EDUCATION	0	0				194.03
194.04	BILLABLE DEPARTMENTS	0	0				194.04
194.05	MISC NONREIMBURSABLE	0	0				194.05
194.06	RETAIL PHARMACY	0	0				194.06
200.00	Cross Foot Adjustments			0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	385,078	138,862	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

Period:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<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
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	58,207					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,055,084				22.00
23.00 PARAMED PRGM			21,720			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS				6,201,336	0	30.00
31.00 INTENSIVE CARE UNIT				605,093	0	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT				450,962	0	31.01
32.00 CORONARY CARE UNIT				261,672	0	32.00
35.00 NEONATAL INTENSIVE CARE UNIT				1,748,432	0	35.00
40.00 SUBPROVIDER - IPF				494,015	0	40.00
43.00 NURSERY				60,192	0	43.00
45.00 NURSING FACILITY				0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM				4,278,909	0	50.00
51.00 RECOVERY ROOM				454,291	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				352,771	0	52.00
53.00 ANESTHESIOLOGY				463,498	0	53.00
53.01 PAIN MANAGEMENT				112,816	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC				2,921,659	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				882,573	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC				156,081	0	55.01
56.00 RADIOISOTOPE				0	0	56.00
56.01 ULTRA SOUND				110,281	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				1,746,410	0	59.00
60.00 LABORATORY				961,683	0	60.00
60.01 ANATOMICAL PATHOLOGY				402,353	0	60.01
60.02 LAB-STEM CELL				2,375	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.				226,835	0	63.00
64.00 INTRAVENOUS THERAPY				503,688	0	64.00
65.00 RESPIRATORY THERAPY				690,811	0	65.00
65.01 SLEEP DISORDER				85,772	0	65.01
66.00 PHYSICAL THERAPY				461,385	0	66.00
67.00 OCCUPATIONAL THERAPY				54,689	0	67.00
68.00 SPEECH PATHOLOGY				90,893	0	68.00
69.00 ELECTROCARDIOLOGY				448,815	0	69.00
69.01 CARDIAC REHAB				100,787	0	69.01
69.02 VASCULAR LAB				310,718	0	69.02
69.03 ENDOSCOPY				1,092,993	0	69.03
69.04 CLINICAL NUTRITION				36,901	0	69.04
70.00 ELECTROENCEPHALOGRAPHY				96,076	0	70.00
70.01 ECT				50,252	0	70.01
70.02 PSYCHOTHERAPY				105,688	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,070,065	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT				825,522	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				868,754	0	73.00
74.00 RENAL DIALYSIS				102,253	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

Period:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC				2,734,319	0	90.00
91.00 EMERGENCY				1,825,421	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION				13,115	0	105.00
106.00 HEART ACQUISITION				4,294	0	106.00
107.00 LIVER ACQUISITION				4,325	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	34,471,773	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				50,346	0	190.00
191.00 RESEARCH				15,544	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES				253,520	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS				0	0	194.00
194.01 FOUNDATION				140,593	0	194.01
194.02 POISON CONTROL				282,188	0	194.02
194.03 COMMUNITY EDUCATION				16,879	0	194.03
194.04 BILLABLE DEPARTMENTS				51,777	0	194.04
194.05 MISC NONREIMBURSABLE				527,059	0	194.05
194.06 RETAIL PHARMACY				727,318	0	194.06
200.00 Cross Foot Adjustments	58,207	1,055,084	21,720	1,135,011	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	58,207	1,055,084	21,720	37,672,008	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: 5/25/2012 11:23 am
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
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	6,201,336		30.00
31.00	INTENSIVE CARE UNIT	605,093		31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	450,962		31.01
32.00	CORONARY CARE UNIT	261,672		32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,748,432		35.00
40.00	SUBPROVIDER - IPF	494,015		40.00
43.00	NURSERY	60,192		43.00
45.00	NURSING FACILITY	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	4,278,909		50.00
51.00	RECOVERY ROOM	454,291		51.00
52.00	DELIVERY ROOM & LABOR ROOM	352,771		52.00
53.00	ANESTHESIOLOGY	463,498		53.00
53.01	PAIN MANAGEMENT	112,816		53.01
54.00	RADIOLOGY-DIAGNOSTIC	2,921,659		54.00
55.00	RADIOLOGY-THERAPEUTIC	882,573		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	156,081		55.01
56.00	RADIOISOTOPE	0		56.00
56.01	ULTRA SOUND	110,281		56.01
57.00	CT SCAN	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	CARDIAC CATHETERIZATION	1,746,410		59.00
60.00	LABORATORY	961,683		60.00
60.01	ANATOMICAL PATHOLOGY	402,353		60.01
60.02	LAB-STEM CELL	2,375		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.	226,835		63.00
64.00	INTRAVENOUS THERAPY	503,688		64.00
65.00	RESPIRATORY THERAPY	690,811		65.00
65.01	SLEEP DISORDER	85,772		65.01
66.00	PHYSICAL THERAPY	461,385		66.00
67.00	OCCUPATIONAL THERAPY	54,689		67.00
68.00	SPEECH PATHOLOGY	90,893		68.00
69.00	ELECTROCARDIOLOGY	448,815		69.00
69.01	CARDIAC REHAB	100,787		69.01
69.02	VASCULAR LAB	310,718		69.02
69.03	ENDOSCOPY	1,092,993		69.03
69.04	CLINICAL NUTRITION	36,901		69.04
70.00	ELECTROENCEPHALOGRAPHY	96,076		70.00
70.01	ECT	50,252		70.01
70.02	PSYCHOTHERAPY	105,688		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,070,065		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	825,522		72.00
73.00	DRUGS CHARGED TO PATIENTS	868,754		73.00
74.00	RENAL DIALYSIS	102,253		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	2,734,319		90.00
91.00	EMERGENCY	1,825,421		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	13,115		105.00
106.00	HEART ACQUISITION	4,294		106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260091

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2012 11:23 am

Cost Center Description		Total	
		26.00	
107.00	LIVER ACQUISITION	4,325	107.00
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	34,471,773	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	50,346	190.00
191.00	RESEARCH	15,544	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	253,520	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	FOUNDATION	140,593	194.01
194.02	POISON CONTROL	282,188	194.02
194.03	COMMUNITY EDUCATION	16,879	194.03
194.04	BILLABLE DEPARTMENTS	51,777	194.04
194.05	MISC NONREIMBURSABLE	527,059	194.05
194.06	RETAIL PHARMACY	727,318	194.06
200.00	Cross Foot Adjustments	1,135,011	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	37,672,008	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2012 11:23 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	-115,808,977	353,778,340		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	17,293,335		7.00
8.00 LAUNDRY & LINEN SERVICE	11,265	955	270,879	0	1,949,111		8.00
9.00 HOUSEKEEPING	26,924	10,827	4,213,757	0	7,589,861		9.00
10.00 DIETARY	15,084	126,156	1,074,462	0	3,446,653		10.00
11.00 CAFETERIA	30,403	0	2,361,977	0	3,436,001		11.00
13.00 NURSING ADMINISTRATION	3,188	165,942	5,393,102	0	7,467,433		13.00
14.00 CENTRAL SERVICES & SUPPLY	35,166	0	1,020,650	0	4,704,679		14.00
15.00 PHARMACY	9,333	13,156	386,928	0	2,503,777		15.00
16.00 MEDICAL RECORDS & LIBRARY	17,252	6,594	2,801,793	0	5,053,300		16.00
17.00 SOCIAL SERVICE	1,424	1,400	2,649,753	0	3,455,803		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	1,793,662		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	43,119	3,262	533,008	0	19,067,276		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	41,335,401		30.00
31.00 INTENSIVE CARE UNIT	17,674	74,587	4,618,771	0	6,076,196		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	8,276	91,949	3,465,528	0	4,843,454		31.01
32.00 CORONARY CARE UNIT	7,802	54,085	1,568,938	0	2,135,419		32.00
35.00 NEONATAL INTENSIVE CARE UNIT	33,554	324,803	14,872,955	0	20,105,405		35.00
40.00 SUBPROVIDER - IPF	18,783	6,062	3,989,975	0	5,594,246		40.00
43.00 NURSERY	1,632	0	295,318	0	566,737		43.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	83,708	1,499,966	8,010,383	0	20,278,048		50.00
51.00 RECOVERY ROOM	19,147	28,989	3,777,379	0	4,928,036		51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,845	68,746	3,066,956	0	4,610,924		52.00
53.00 ANESTHESIOLOGY	3,627	205,522	217,843	0	2,093,449		53.00
53.01 PAIN MANAGEMENT	0	17,288	371,580	0	581,660		53.01
54.00 RADIOLOGY-DIAGNOSTIC	31,709	1,312,987	5,223,211	0	9,869,654		54.00
55.00 RADIOLOGY-THERAPEUTIC	4,526	388,545	988,770	0	2,802,766		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	4,621	8,039	504,021	0	1,416,721		55.01
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
56.01 ULTRASOUND	2,506	32,657	768,764	0	977,697		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	3,512,351		59.00
60.00 LABORATORY	26,275	81,706	3,636,344	0	8,171,258		60.00
60.01 ANATOMICAL PATHOLOGY	9,957	124,347	1,420,677	0	2,860,102		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	5,035,645		63.00
64.00 INTRAVENOUS THERAPY	11,950	22,036	1,888,680	0	2,942,582		64.00
65.00 RESPIRATORY THERAPY	5,117	221,740	3,290,958	0	6,687,422		65.00
65.01 SLEEP DISORDER	1,846	18,477	592,463	0	1,020,697		65.01
66.00 PHYSICAL THERAPY	28,017	3,747	660,172	0	1,751,180		66.00
67.00 OCCUPATIONAL THERAPY	2,775	574	364,300	0	620,533		67.00
68.00 SPEECH PATHOLOGY	2,328	15,431	793,374	0	1,187,983		68.00
69.00 ELECTROCARDIOLOGY	3,182	226,788	1,175,349	0	2,198,311		69.00
69.01 CARDIAC REHAB	5,182	13,358	416,931	0	585,271		69.01
69.02 VASCULAR LAB	8,626	130,312	357,722	0	525,652		69.02
69.03 ENDOSCOPY	16,748	369,536	1,925,059	0	3,299,156		69.03
69.04 CLINICAL NUTRITION	818	62	720,096	0	830,222		69.04
70.00 ELECTROENCEPHALOGRAPHY	2,453	26,582	219,218	0	883,606		70.00
70.01 ECT	3,433	0	171,972	0	266,887		70.01
70.02 PSYCHOTHERAPY	5,545	0	821,670	0	1,204,202		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	28,277,222		73.00
74.00 RENAL DIALYSIS	2,008	18,181	263,376	0	1,278,186		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 CLINIC	109,759	200,380	9,723,393	0	12,269,367		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 11:23 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				
91.00 EMERGENCY	36,760	579,919	9,497,471		0	14,053,154	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS							
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
113.00 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,557,284	10,248,018	191,327,093		-115,808,977	334,133,525	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,475	0	60,174		0	338,251	190.00
191.00 RESEARCH	135	920	0		0	275,115	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	8,486	18,300	528,372		0	1,325,291	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		0	0	194.00
194.01 FOUNDATION	638	3,458	0		0	134,217	194.01
194.02 POISON CONTROL	0	88,940	1,764,764		0	2,559,567	194.02
194.03 COMMUNITY EDUCATION	175	2,781	246,246		0	315,361	194.03
194.04 BILLABLE DEPARTMENTS	0	0	1,732,240		0	1,781,183	194.04
194.05 MISC NONREIMBURSABLE	2,342	131,458	2,635,290		0	7,885,042	194.05
194.06 RETAIL PHARMACY	0	4,830	558,881		0	5,030,788	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	14,989,052	39,677,179			115,808,977	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.656534	1.427705	0.199530			0.327349	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			59,670			10,180,601	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000300			0.028777	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 11:23 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 ADMINISTRATIVE & 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
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
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
43.00 NURSERY	1,632	1,632	24,834	1,632	29,880	43.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
<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 ULTRA SOUND	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 ANATOMIC 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	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	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
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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 11:23 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>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
113.00 INTEREST EXPENSE						113.00
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
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	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)	2,704,175	23,475,912	2,872,578	10,825,904	5,124,677	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.155252	23.182239	0.957078	11.109428	6.703621	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	122,705	3,312,274	199,812	537,997	482,597	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.097797	3.270839	0.066573	0.552087	0.631288	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2012 11:23 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
<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
13.00	NURSING ADMINISTRATION	7,752	119,478				13.00
14.00	CENTRAL SERVICES & SUPPLY	2,657	0	34,513,497			14.00
15.00	PHARMACY	391	0	198,601	5,537,616		15.00
16.00	MEDICAL RECORDS & LIBRARY	6,376	465	69		1,498,622,305	16.00
17.00	SOCIAL SERVICE	3,764	1,267	165	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,003	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	42	490	17	0	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	43,564	1,858,117	38,972	183,924,300	30.00
31.00	INTENSIVE CARE UNIT	6,299	5,706	561,797	2,247	25,684,627	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	5,249	4,583	236,081	2,677	19,102,988	31.01
32.00	CORONARY CARE UNIT	2,117	2,065	0	624	7,714,233	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	19,439	15,509	1,042,193	7,962	102,929,907	35.00
40.00	SUBPROVIDER - I/PF	6,410	4,465	49,366	350	20,596,708	40.00
43.00	NURSERY	480	237	0	0	9,292,331	43.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	12,352	6,424	303,406	30,896	110,681,110	50.00
51.00	RECOVERY ROOM	4,769	4,283	112,581	2,405	29,795,187	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,286	3,298	6,336	31	22,314,201	52.00
53.00	ANESTHESIOLOGY	524	524	965,973	116,891	29,980,008	53.00
53.01	PAIN MANAGEMENT	489	416	6,621	396	993,928	53.01
54.00	RADIOLOGY-DIAGNOSTIC	8,503	498	77,629	955	136,578,665	54.00
55.00	RADIOLOGY-THERAPEUTIC	936	188	8,992	193	22,281,857	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	505	64	15,658	7,550	10,824,069	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	ULTRA SOUND	949	0	5,147	3,400	13,294,912	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	1,349	1,969	420	37,148,568	59.00
60.00	LABORATORY	5,376	2	532,223	620	163,200,751	60.00
60.01	ANATOMICAL PATHOLOGY	2,551	0	333,742	3,156	15,778,570	60.01
60.02	LAB-STEM CELL	4	0	0	0	120,598	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.	4,331	35	318,045	91	20,778,519	63.00
64.00	INTRAVENOUS THERAPY	2,113	1,694	248,651	3,192	8,373,812	64.00
65.00	RESPIRATORY THERAPY	5,085	1	9	8,117	51,475,022	65.00
65.01	SLEEP DISORDER	1,073	41	34,784	514	8,843,396	65.01
66.00	PHYSICAL THERAPY	879	0	3,800	21	8,282,784	66.00
67.00	OCCUPATIONAL THERAPY	534	0	56	0	4,053,133	67.00
68.00	SPEECH PATHOLOGY	1,245	0	57,978	0	2,715,350	68.00
69.00	ELECTROCARDIOLOGY	1,812	75	30,297	57,045	29,604,697	69.00
69.01	CARDIAC REHAB	554	548	4,423	0	904,769	69.01
69.02	VASCULAR LAB	496	10	6,786	39,100	11,239,904	69.02
69.03	ENDOSCOPY	2,707	1,881	9,442	2,811	31,791,098	69.03
69.04	CLINICAL NUTRITION	1,312	0	4	0	297,149	69.04
70.00	ELECTROENCEPHALOGRAPHY	409	0	10,748	257	2,183,103	70.00
70.01	ECT	233	218	22,221	0	1,383,301	70.01
70.02	PSYCHOTHERAPY	1,088	302	235	0	7,211,915	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,403,972	0	28,659,876	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	11,052,738	0	22,120,240	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,726	0	0	0	153,987,717	73.00
74.00	RENAL DIALYSIS	346	346	11,861	107,825	6,069,518	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	9,844	7,588	125,737	167,985	29,817,372	90.00
91.00	EMERGENCY	15,266	9,387	736,092	9,426	106,592,112	91.00

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	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	20	20	0	0	0	105.00
106.00 HEART ACQUISITION	8	7	0	0	0	106.00
107.00 LIVER ACQUISITION	9	8	0	0	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	213,195	117,110	33,395,035	616,146	1,498,622,305	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	160	0	796	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	558	1	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 FOUNDATION	0	3	0	0	0	194.01
194.02 POISON CONTROL	1,815	1,390	0	0	0	194.02
194.03 COMMUNITY EDUCATION	330	247	50	0	0	194.03
194.04 BILLABLE DEPARTMENTS	0	0	0	0	0	194.04
194.05 MISC NONREIMBURSABLE	3,973	727	1,117,616	21,918	0	194.05
194.06 RETAIL PHARMACY	742	0	0	4,899,552	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)	5,668,868	10,227,134	7,594,669	3,717,287	7,539,812	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.677361	85.598470	0.220049	0.671279	0.005031	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	451,570	511,427	1,566,827	611,223	385,078	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.045404	4.280512	0.045398	0.110377	0.000257	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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To 12/31/2011

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Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	17.00	19.00	20.00	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
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	10,001					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			16,817		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				16,817	22.00
23.00 PARAMED ED PRGM	0					23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,056		0	11,540	11,540	30.00
31.00 INTENSIVE CARE UNIT	467		0	540	540	31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	338		0	0	0	31.01
32.00 CORONARY CARE UNIT	177		0	0	0	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	2,005		0	0	0	35.00
40.00 SUBPROVIDER - 1PF	958		0	133	133	40.00
43.00 NURSERY	0		0	0	0	43.00
45.00 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	1,931	1,931	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	547	547	53.00
53.01 PAIN MANAGEMENT	0	0	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	425	425	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 ULTRA SOUND	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 ANATOMIC PATHOLOGY	0	0	0	428	428	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	92	92	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	116	116	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	517	517	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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	95	95	90.00

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	SOCIAL SERVICE  (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
91.00 EMERGENCY	0	0	0	453	453	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,001	0	0	16,817	16,817	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
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	0	0	0	0	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)	4,844,097	0	0	2,457,924	26,885,683	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	484.361264	0.000000	0.000000	146.157103	1,598.720521	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	138,862	0	0	58,207	1,055,084	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	13.884812	0.000000	0.000000	3.461200	62.739133	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:  
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To 12/31/2011

Worksheet B-1  
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		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
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	159	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	79	30.00
31.00	INTENSIVE CARE UNIT	16	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	31.01
32.00	CORONARY CARE UNIT	16	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	35.00
40.00	SUBPROVIDER - IPF	0	40.00
43.00	NURSERY	16	43.00
45.00	NURSING FACILITY	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	0	50.00
51.00	RECOVERY ROOM	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	ANESTHESIOLOGY	0	53.00
53.01	PAIN MANAGEMENT	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	55.01
56.00	RADIOISOTOPE	0	56.00
56.01	ULTRA SOUND	0	56.01
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	0	60.00
60.01	ANATOMIC PATHOLOGY	0	60.01
60.02	LAB-STEM CELL	0	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.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	0	65.00
65.01	SLEEP DISORDER	0	65.01
66.00	PHYSICAL THERAPY	0	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	0	69.00
69.01	CARDIAC REHAB	0	69.01
69.02	VASCULAR LAB	0	69.02
69.03	ENDOSCOPY	0	69.03
69.04	CLINICAL NUTRITION	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	ECT	0	70.01
70.02	PSYCHOTHERAPY	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	CLINIC	32	90.00
91.00	EMERGENCY	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260091

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 11:23 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
113.00	INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	159	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	FOUNDATION	0	194.01
194.02	POISON CONTROL	0	194.02
194.03	COMMUNITY EDUCATION	0	194.03
194.04	BILLABLE DEPARTMENTS	0	194.04
194.05	MISC NONREIMBURSABLE	0	194.05
194.06	RETAIL PHARMACY	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)	810,948	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5,100.301887	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,720	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	136.603774	205.00

Provider CCN: 260091

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

Worksheet B-2

Date/Time Prepared:  
 5/25/2012 11:23 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: 5/25/2012 11:23 am		
		Title XVIIII	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		78,401,598	1,330,321	79,731,919	30.00
31.00	INTENSIVE CARE UNIT		10,278,538	12,601	10,291,139	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT		7,742,155	0	7,742,155	31.01
32.00	CORONARY CARE UNIT		3,708,974	0	3,708,974	32.00
35.00	NEONATAL INTENSIVE CARE UNIT		32,499,787	0	32,499,787	35.00
40.00	SUBPROVIDER - IPF		9,782,035	6,219	9,788,254	40.00
43.00	NURSERY		1,196,778	0	1,196,778	43.00
45.00	NURSING FACILITY		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		31,720,706	48,223	31,768,929	50.00
51.00	RECOVERY ROOM		7,969,059	0	7,969,059	51.00
52.00	DELIVERY ROOM & LABOR ROOM		7,039,505	0	7,039,505	52.00
53.00	ANESTHESIOLOGY		3,411,095	2,180	3,413,275	53.00
53.01	PAIN MANAGEMENT		832,153	0	832,153	53.01
54.00	RADIOLOGY-DIAGNOSTIC		15,357,662	0	15,357,662	54.00
55.00	RADIOLOGY-THERAPEUTIC		4,041,079	23,950	4,065,029	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC		2,138,802	0	2,138,802	55.01
56.00	RADIOISOTOPE		0	0	0	56.00
56.01	ULTRASOUND		1,488,207	0	1,488,207	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		5,425,806	0	5,425,806	59.00
60.00	LABORATORY		12,880,559	0	12,880,559	60.00
60.01	ANATOMICAL PATHOLOGY		4,379,701	0	4,379,701	60.01
60.02	LAB-STEM CELL		108,416	0	108,416	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.		7,041,294	0	7,041,294	63.00
64.00	INTRAVENOUS THERAPY		4,641,404	15,770	4,657,174	64.00
65.00	RESPIRATORY THERAPY		9,458,119	3,016	9,461,135	65.00
65.01	SLEEP DISORDER	0	1,505,654	4,026	1,509,680	65.01
66.00	PHYSICAL THERAPY	0	3,451,469	0	3,451,469	66.00
67.00	OCCUPATIONAL THERAPY	0	976,072	0	976,072	67.00
68.00	SPEECH PATHOLOGY	0	1,720,103	0	1,720,103	68.00
69.00	ELECTROCARDIOLOGY		3,281,273	56,807	3,338,080	69.00
69.01	CARDIAC REHAB		1,038,278	2,290	1,040,568	69.01
69.02	VASCULAR LAB		1,113,708	2,211	1,115,919	69.02
69.03	ENDOSCOPY		5,428,609	0	5,428,609	69.03
69.04	CLINICAL NUTRITION		1,166,993	0	1,166,993	69.04
70.00	ELECTROENCEPHALOGRAPHY		1,312,208	0	1,312,208	70.00
70.01	ECT		515,867	2,850	518,717	70.01
70.02	PSYCHOTHERAPY		1,890,618	14,690	1,905,308	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,169,969	0	22,169,969	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		17,214,272	0	17,214,272	72.00
73.00	DRUGS CHARGED TO PATIENTS		38,481,160	0	38,481,160	73.00
74.00	RENAL DIALYSIS		1,841,704	0	1,841,704	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC		21,756,430	11,623	21,768,053	90.00
91.00	EMERGENCY		22,204,314	0	22,204,314	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,168,563	0	4,168,563	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION		585,663	0	585,663	105.00
106.00	HEART ACQUISITION		191,203	0	191,203	106.00
107.00	LIVER ACQUISITION		191,434	0	191,434	107.00
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	413,748,996	1,536,777	415,285,773	200.00
201.00	Less Observation Beds		4,168,563	0	4,168,563	201.00
202.00	Total (see instructions)	0	409,580,433	1,536,777	411,117,210	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: 5/25/2012 11:23 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
<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
35.00	NEONATAL INTENSIVE CARE UNIT	101,472,993		101,472,993		35.00
40.00	SUBPROVIDER - 1PF	20,485,597		20,485,597		40.00
43.00	NURSERY	9,445,425		9,445,425		43.00
45.00	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	53,543,551	53,742,038	107,285,589	0.295666	50.00
51.00	RECOVERY ROOM	5,575,185	23,297,821	28,873,006	0.276004	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,136,607	5,097,087	22,233,694	0.316614	52.00
53.00	ANESTHESIOLOGY	16,174,966	13,063,063	29,238,029	0.116666	53.00
53.01	PAIN MANAGEMENT	715,863	268,684	984,547	0.845214	53.01
54.00	RADIOLOGY-DIAGNOSTIC	45,242,465	87,095,701	132,338,166	0.116049	54.00
55.00	RADIOLOGY-THERAPEUTIC	740,397	20,916,005	21,656,402	0.186600	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,265,794	8,218,102	10,483,896	0.204008	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	ULTRASOUND	4,339,531	8,598,136	12,937,667	0.115029	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	0.150945	59.00
60.00	LABORATORY	96,971,535	62,486,454	159,457,989	0.080777	60.00
60.01	ANATOMICAL PATHOLOGY	4,986,576	10,373,950	15,360,526	0.285127	60.01
60.02	LAB-STEM CELL	120,598	0	120,598	0.898987	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	0.343424	63.00
64.00	INTRAVENOUS THERAPY	1,102,539	7,001,762	8,104,301	0.572709	64.00
65.00	RESPIRATORY THERAPY	46,120,406	4,650,226	50,770,632	0.186291	65.00
65.01	SLEEP DISORDER	124,978	8,295,536	8,420,514	0.178808	65.01
66.00	PHYSICAL THERAPY	5,580,284	2,588,216	8,168,500	0.422534	66.00
67.00	OCCUPATIONAL THERAPY	2,669,912	1,323,951	3,993,863	0.244393	67.00
68.00	SPEECH PATHOLOGY	1,159,433	1,527,689	2,687,122	0.640128	68.00
69.00	ELECTROCARDIOLOGY	12,756,448	16,322,004	29,078,452	0.112842	69.00
69.01	CARDIAC REHAB	6,336	872,556	878,892	1.181349	69.01
69.02	VASCULAR LAB	7,453,788	3,557,564	11,011,352	0.101142	69.02
69.03	ENDOSCOPY	5,251,116	25,296,404	30,547,520	0.177710	69.03
69.04	CLINICAL NUTRITION	1,974	279,312	281,286	4.148777	69.04
70.00	ELECTROENCEPHALOGRAPHY	823,422	1,333,530	2,156,952	0.608362	70.00
70.01	ECT	678,307	692,026	1,370,333	0.376454	70.01
70.02	PSYCHOTHERAPY	4,035	7,207,880	7,211,915	0.262152	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,757,985	4,901,890	28,659,875	0.773554	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,748,851	8,371,389	22,120,240	0.778214	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,027,926	74,959,791	153,987,717	0.249898	73.00
74.00	RENAL DIALYSIS	4,082,325	1,987,193	6,069,518	0.303435	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	29,537,064	29,537,064	0.736581	90.00
91.00	EMERGENCY	32,838,746	72,221,485	105,060,231	0.211348	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,926,556	18,926,556	0.220249	92.00
<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
113.00	INTEREST EXPENSE					113.00
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: 5/25/2012 11:23 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
<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
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	SUBPROVIDER - IPF			40.00
43.00	NURSERY			43.00
45.00	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.296116		50.00
51.00	RECOVERY ROOM	0.276004		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614		52.00
53.00	ANESTHESIOLOGY	0.116741		53.00
53.01	PAIN MANAGEMENT	0.845214		53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187706		55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008		55.01
56.00	RADIOISOTOPE	0.000000		56.00
56.01	ULTRA SOUND	0.115029		56.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.150945		59.00
60.00	LABORATORY	0.080777		60.00
60.01	ANATOMICAL PATHOLOGY	0.285127		60.01
60.02	LAB-STEM CELL	0.898987		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.	0.343424		63.00
64.00	INTRAVENOUS THERAPY	0.574655		64.00
65.00	RESPIRATORY THERAPY	0.186351		65.00
65.01	SLEEP DISORDER	0.179286		65.01
66.00	PHYSICAL THERAPY	0.422534		66.00
67.00	OCCUPATIONAL THERAPY	0.244393		67.00
68.00	SPEECH PATHOLOGY	0.640128		68.00
69.00	ELECTROCARDIOLOGY	0.114796		69.00
69.01	CARDIAC REHAB	1.183954		69.01
69.02	VASCULAR LAB	0.101343		69.02
69.03	ENDOSCOPY	0.177710		69.03
69.04	CLINICAL NUTRITION	4.148777		69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362		70.00
70.01	ECT	0.378534		70.01
70.02	PSYCHOTHERAPY	0.264189		70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898		73.00
74.00	RENAL DIALYSIS	0.303435		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	0.736974		90.00
91.00	EMERGENCY	0.211348		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/25/2012 11:23 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		78,401,598	0	0	30.00	
31.00	INTENSIVE CARE UNIT		10,278,538	0	0	31.00	
31.01	PEDIATRIC INTENSIVE CARE UNIT		7,742,155	0	0	31.01	
32.00	CORONARY CARE UNIT		3,708,974	0	0	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT		32,499,787	0	0	35.00	
40.00	SUBPROVIDER - IPF		9,782,035	0	0	40.00	
43.00	NURSERY		1,196,778	0	0	43.00	
45.00	NURSING FACILITY		0	0	0	45.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		31,720,706	0	0	50.00	
51.00	RECOVERY ROOM		7,969,059	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		7,039,505	0	0	52.00	
53.00	ANESTHESIOLOGY		3,411,095	0	0	53.00	
53.01	PAIN MANAGEMENT		832,153	0	0	53.01	
54.00	RADIOLOGY-DIAGNOSTIC		15,357,662	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		4,041,079	0	0	55.00	
55.01	NUCLEAR MEDICINE-DIAGNOSTIC		2,138,802	0	0	55.01	
56.00	RADIOISOTOPE		0	0	0	56.00	
56.01	ULTRA SOUND		1,488,207	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		5,425,806	0	0	59.00	
60.00	LABORATORY		12,880,559	0	0	60.00	
60.01	ANATOMICAL PATHOLOGY		4,379,701	0	0	60.01	
60.02	LAB-STEM CELL		108,416	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.		7,041,294	0	0	63.00	
64.00	INTRAVENOUS THERAPY		4,641,404	0	0	64.00	
65.00	RESPIRATORY THERAPY		9,458,119	0	0	65.00	
65.01	SLEEP DISORDER	0	1,505,654	0	0	65.01	
66.00	PHYSICAL THERAPY	0	3,451,469	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	976,072	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	1,720,103	0	0	68.00	
69.00	ELECTROCARDIOLOGY		3,281,273	0	0	69.00	
69.01	CARDIAC REHAB		1,038,278	0	0	69.01	
69.02	VASCULAR LAB		1,113,708	0	0	69.02	
69.03	ENDOSCOPY		5,428,609	0	0	69.03	
69.04	CLINICAL NUTRITION		1,166,993	0	0	69.04	
70.00	ELECTROENCEPHALOGRAPHY		1,312,208	0	0	70.00	
70.01	ECT		515,867	0	0	70.01	
70.02	PSYCHOTHERAPY		1,890,618	0	0	70.02	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,169,969	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		17,214,272	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		38,481,160	0	0	73.00	
74.00	RENAL DIALYSIS		1,841,704	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		21,756,430	0	0	90.00	
91.00	EMERGENCY		22,204,314	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,168,563	0	0	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION		585,663	0	0	105.00	
106.00	HEART ACQUISITION		191,203	0	0	106.00	
107.00	LIVER ACQUISITION		191,434	0	0	107.00	
113.00	INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		413,748,996	0	0	200.00	
201.00	Less Observation Beds		4,168,563			201.00	
202.00	Total (see instructions)		409,580,433	0	0	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: 5/25/2012 11:23 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
<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
35.00	NEONATAL INTENSIVE CARE UNIT	101,472,993		101,472,993			35.00
40.00	SUBPROVIDER - 1PF	20,485,597		20,485,597			40.00
43.00	NURSERY	9,445,425		9,445,425			43.00
45.00	NURSING FACILITY	0		0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	53,543,551	53,742,038	107,285,589	0.295666	0.000000	50.00
51.00	RECOVERY ROOM	5,575,185	23,297,821	28,873,006	0.276004	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	17,136,607	5,097,087	22,233,694	0.316614	0.000000	52.00
53.00	ANESTHESIOLOGY	16,174,966	13,063,063	29,238,029	0.116666	0.000000	53.00
53.01	PAIN MANAGEMENT	715,863	268,684	984,547	0.845214	0.000000	53.01
54.00	RADIOLOGY-DIAGNOSTIC	45,242,465	87,095,701	132,338,166	0.116049	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	740,397	20,916,005	21,656,402	0.186600	0.000000	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,265,794	8,218,102	10,483,896	0.204008	0.000000	55.01
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	ULTRASOUND	4,339,531	8,598,136	12,937,667	0.115029	0.000000	56.01
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	16,693,121	19,252,436	35,945,557	0.150945	0.000000	59.00
60.00	LABORATORY	96,971,535	62,486,454	159,457,989	0.080777	0.000000	60.00
60.01	ANATOMICAL PATHOLOGY	4,986,576	10,373,950	15,360,526	0.285127	0.000000	60.01
60.02	LAB-STEM CELL	120,598	0	120,598	0.898987	0.000000	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	15,673,897	4,829,330	20,503,227	0.343424	0.000000	63.00
64.00	INTRAVENOUS THERAPY	1,102,539	7,001,762	8,104,301	0.572709	0.000000	64.00
65.00	RESPIRATORY THERAPY	46,120,406	4,650,226	50,770,632	0.186291	0.000000	65.00
65.01	SLEEP DISORDER	124,978	8,295,536	8,420,514	0.178808	0.000000	65.01
66.00	PHYSICAL THERAPY	5,580,284	2,588,216	8,168,500	0.422534	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,669,912	1,323,951	3,993,863	0.244393	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,159,433	1,527,689	2,687,122	0.640128	0.000000	68.00
69.00	ELECTROCARDIOLOGY	12,756,448	16,322,004	29,078,452	0.112842	0.000000	69.00
69.01	CARDIAC REHAB	6,336	872,556	878,892	1.181349	0.000000	69.01
69.02	VASCULAR LAB	7,453,788	3,557,564	11,011,352	0.101142	0.000000	69.02
69.03	ENDOSCOPY	5,251,116	25,296,404	30,547,520	0.177710	0.000000	69.03
69.04	CLINICAL NUTRITION	1,974	279,312	281,286	4.148777	0.000000	69.04
70.00	ELECTROENCEPHALOGRAPHY	823,422	1,333,530	2,156,952	0.608362	0.000000	70.00
70.01	ECT	678,307	692,026	1,370,333	0.376454	0.000000	70.01
70.02	PSYCHOTHERAPY	4,035	7,207,880	7,211,915	0.262152	0.000000	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,757,985	4,901,890	28,659,875	0.773554	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	13,748,851	8,371,389	22,120,240	0.778214	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	79,027,926	74,959,791	153,987,717	0.249898	0.000000	73.00
74.00	RENAL DIALYSIS	4,082,325	1,987,193	6,069,518	0.303435	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	29,537,064	29,537,064	0.736581	0.000000	90.00
91.00	EMERGENCY	32,838,746	72,221,485	105,060,231	0.211348	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	18,926,556	18,926,556	0.220249	0.000000	92.00
<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
113.00	INTEREST EXPENSE						113.00
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: 5/25/2012 11:23 am
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
	11.00		
<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
35.00 NEONATAL INTENSIVE CARE UNIT			35.00
40.00 SUBPROVIDER - IPF			40.00
43.00 NURSERY			43.00
45.00 NURSING FACILITY			45.00
<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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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>SPECIAL PURPOSE COST CENTERS</b>			
105.00 KIDNEY ACQUISITION			105.00
106.00 HEART ACQUISITION			106.00
107.00 LIVER ACQUISITION			107.00
113.00 INTEREST EXPENSE			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260091		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/25/2012 11:23 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,201,336	0	6,201,336	89,055	69.63	30.00
31.00	INTENSIVE CARE UNIT	605,093		605,093	6,926	87.37	31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	450,962		450,962	4,559	98.92	31.01
32.00	CORONARY CARE UNIT	261,672		261,672	2,611	100.22	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,748,432		1,748,432	27,610	63.33	35.00
40.00	SUBPROVIDER - IPF	494,015	0	494,015	14,173	34.86	40.00
43.00	NURSERY	60,192		60,192	5,706	10.55	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	9,821,702		9,821,702	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: 5/25/2012 11:23 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	1,553,028		30.00
31.00 INTENSIVE CARE UNIT	3,337	291,554		31.00
31.01 PEDIATRIC INTENSIVE CARE UNIT	128	12,662		31.01
32.00 CORONARY CARE UNIT	1,132	113,449		32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	6,160	214,738		40.00
43.00 NURSERY	0	0		43.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	33,061	2,185,431		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: 5/25/2012 11:23 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)	
		1.00	2.00	3.00	4.00	5.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,278,909	107,285,589	0.039883	12,339,307	492,129	50.00
51.00	RECOVERY ROOM	454,291	28,873,006	0.015734	1,332,111	20,959	51.00
52.00	DELIVERY ROOM & LABOR ROOM	352,771	22,233,694	0.015867	167,931	2,665	52.00
53.00	ANESTHESIOLOGY	463,498	29,238,029	0.015853	2,343,599	37,153	53.00
53.01	PAIN MANAGEMENT	112,816	984,547	0.114587	107,331	12,299	53.01
54.00	RADIOLOGY-DIAGNOSTIC	2,921,659	132,338,166	0.022077	15,010,777	331,393	54.00
55.00	RADIOLOGY-THERAPEUTIC	882,573	21,656,402	0.040753	285,762	11,646	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	156,081	10,483,896	0.014888	1,150,448	17,128	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	ULTRASOUND	110,281	12,937,667	0.008524	813,849	6,937	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	1,746,410	35,945,557	0.048585	4,878,500	237,022	59.00
60.00	LABORATORY	961,683	159,457,989	0.006031	23,883,502	144,041	60.00
60.01	ANATOMICAL PATHOLOGY	402,353	15,360,526	0.026194	767,877	20,114	60.01
60.02	LAB-STEM CELL	2,375	120,598	0.019694	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.	226,835	20,503,227	0.011063	3,903,471	43,184	63.00
64.00	INTRAVENOUS THERAPY	503,688	8,104,301	0.062151	442,545	27,505	64.00
65.00	RESPIRATORY THERAPY	690,811	50,770,632	0.013607	8,852,450	120,455	65.00
65.01	SLEEP DISORDER	85,772	8,420,514	0.010186	20	0	65.01
66.00	PHYSICAL THERAPY	461,385	8,168,500	0.056483	1,848,893	104,431	66.00
67.00	OCCUPATIONAL THERAPY	54,689	3,993,863	0.013693	583,284	7,987	67.00
68.00	SPEECH PATHOLOGY	90,893	2,687,122	0.033825	291,301	9,853	68.00
69.00	ELECTROCARDIOLOGY	448,815	29,078,452	0.015435	4,464,793	68,914	69.00
69.01	CARDIAC REHAB	100,787	878,892	0.114675	3,695	424	69.01
69.02	VASCULAR LAB	310,718	11,011,352	0.028218	1,700,900	47,996	69.02
69.03	ENDOSCOPY	1,092,993	30,547,520	0.035780	2,045,716	73,196	69.03
69.04	CLINICAL NUTRITION	36,901	281,286	0.131187	865	113	69.04
70.00	ELECTROENCEPHALOGRAPHY	96,076	2,156,952	0.044542	133,175	5,932	70.00
70.01	ECT	50,252	1,370,333	0.036671	13,777	505	70.01
70.02	PSYCHOTHERAPY	105,688	7,211,915	0.014655	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,070,065	28,659,875	0.037337	5,881,531	219,599	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	825,522	22,120,240	0.037320	3,637,514	135,752	72.00
73.00	DRUGS CHARGED TO PATIENTS	868,754	153,987,717	0.005642	19,835,933	111,914	73.00
74.00	RENAL DIALYSIS	102,253	6,069,518	0.016847	2,460,467	41,451	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,734,319	29,537,064	0.092572	0	0	90.00
91.00	EMERGENCY	1,825,421	105,060,231	0.017375	8,741,529	151,884	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	324,218	18,926,556	0.017130	0	0	92.00
200.00	Total (Lines 50-199)	24,952,555	1,126,461,728		127,927,169	2,504,666	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: 5/25/2012 11:23 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	402,923	0	0	0	402,923 30.00
31.00	INTENSIVE CARE UNIT	0	81,605	0	0	0	81,605 31.00
31.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	0 31.01
32.00	CORONARY CARE UNIT	0	81,605	0	0	0	81,605 32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	0 35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
43.00	NURSERY	0	81,605	0	0	0	81,605 43.00
45.00	NURSING FACILITY	0	0	0	0	0	0 45.00
200.00	Total (Lines 30-199)	0	647,738	0	0	0	647,738 200.00

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: 5/25/2012 11:23 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	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
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
43.00 NURSERY	5,706	14.30	0	0	0	43.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
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: 5/25/2012 11:23 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
35.00 NEONATAL INTENSIVE CARE UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
43.00 NURSERY	0	0		43.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:23 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
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 CLINIC	0	0	163,210	0	0	163,210	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
200.00 Total (lines 50-199)	0	0	184,274	0	0	184,274	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: 5/25/2012 11:23 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	163,210	29,537,064	0.005526	0.005526	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
200.00 Total (Lines 50-199)	184,274	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: 5/25/2012 11:23 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 ANATOMICAL 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						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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	2,367,155	13,081	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
200.00 Total (Lines 50-199)	0	93,025,989	15,161	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: 5/25/2012 11:23 am
Title XVIII		Hospital	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 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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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
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: 5/25/2012 11:23 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.295666	8,032,286	0	0	50.00
51.00	RECOVERY ROOM	0.276004	3,779,346	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	33,432	0	0	52.00
53.00	ANESTHESIOLOGY	0.116666	1,690,749	0	0	53.00
53.01	PAIN MANAGEMENT	0.845214	13,441	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	18,007,430	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.186600	6,934,036	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	2,297,583	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	ULTRA SOUND	0.115029	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	0.150945	4,643,379	0	0	59.00
60.00	LABORATORY	0.080777	159,469	0	0	60.00
60.01	ANATOMIC PATHOLOGY	0.285127	1,058,549	0	0	60.01
60.02	LAB-STEM CELL	0.898987	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.	0.343424	632,617	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.572709	2,174,526	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186291	1,791,128	0	0	65.00
65.01	SLEEP DISORDER	0.178808	287,457	0	0	65.01
66.00	PHYSICAL THERAPY	0.422534	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.640128	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.112842	1,657,974	0	0	69.00
69.01	CARDIAC REHAB	1.181349	424,788	0	0	69.01
69.02	VASCULAR LAB	0.101142	924,246	0	0	69.02
69.03	ENDOSCOPY	0.177710	4,804,918	0	0	69.03
69.04	CLINICAL NUTRITION	4.148777	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	80,261	0	0	70.00
70.01	ECT	0.376454	362,425	0	0	70.01
70.02	PSYCHOTHERAPY	0.262152	0	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	1,665,304	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	3,031,853	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	16,975,977	0	197,965	73.00
74.00	RENAL DIALYSIS	0.303435	72,439	4,644	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0.736581	2,367,155	0	0	90.00
91.00	EMERGENCY	0.211348	6,337,621	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	1,868,709	0	0	92.00
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: 5/25/2012 11:23 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	2,374,874	0	0		50.00
51.00 RECOVERY ROOM	1,043,115	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,585	0	0		52.00
53.00 ANESTHESIOLOGY	197,253	0	0		53.00
53.01 PAIN MANAGEMENT	11,361	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	2,089,744	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,293,891	0	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	468,725	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	105,469	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	700,895	0	0		59.00
60.00 LABORATORY	12,881	0	0		60.00
60.01 ANATOMICAL PATHOLOGY	301,821	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.	217,256	0	0		63.00
64.00 INTRAVENOUS THERAPY	1,245,371	0	0		64.00
65.00 RESPIRATORY THERAPY	333,671	0	0		65.00
65.01 SLEEP DISORDER	51,400	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	187,089	0	0		69.00
69.01 CARDIAC REHAB	501,823	0	0		69.01
69.02 VASCULAR LAB	93,480	0	0		69.02
69.03 ENDOSCOPY	853,882	0	0		69.03
69.04 CLINICAL NUTRITION	0	0	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	48,828	0	0		70.00
70.01 ECT	136,436	0	0		70.01
70.02 PSYCHOTHERAPY	0	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,288,203	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,359,430	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,242,263	0	49,471		73.00
74.00 RENAL DIALYSIS	21,981	1,409	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	1,743,601	0	0		90.00
91.00 EMERGENCY	1,339,444	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	411,581	0	0		92.00
200.00 Subtotal (see instructions)	23,686,353	1,409	49,471		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	23,686,353	1,409	49,471		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: 5/25/2012 11:23 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	4,278,909	107,285,589	0.039883	0	0	50.00
51.00	RECOVERY ROOM	454,291	28,873,006	0.015734	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	352,771	22,233,694	0.015867	0	0	52.00
53.00	ANESTHESIOLOGY	463,498	29,238,029	0.015853	94,479	1,498	53.00
53.01	PAIN MANAGEMENT	112,816	984,547	0.114587	736	84	53.01
54.00	RADIOLOGY-DIAGNOSTIC	2,921,659	132,338,166	0.022077	184,535	4,074	54.00
55.00	RADIOLOGY-THERAPEUTIC	882,573	21,656,402	0.040753	7	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	156,081	10,483,896	0.014888	18,720	279	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	ULTRASOUND	110,281	12,937,667	0.008524	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	1,746,410	35,945,557	0.048585	7,741	376	59.00
60.00	LABORATORY	961,683	159,457,989	0.006031	970,858	5,855	60.00
60.01	ANATOMICAL PATHOLOGY	402,353	15,360,526	0.026194	3,252	85	60.01
60.02	LAB-STEM CELL	2,375	120,598	0.019694	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.	226,835	20,503,227	0.011063	6,236	69	63.00
64.00	INTRAVENOUS THERAPY	503,688	8,104,301	0.062151	1,748	109	64.00
65.00	RESPIRATORY THERAPY	690,811	50,770,632	0.013607	73,853	1,005	65.00
65.01	SLEEP DISORDER	85,772	8,420,514	0.010186	0	0	65.01
66.00	PHYSICAL THERAPY	461,385	8,168,500	0.056483	80,358	4,539	66.00
67.00	OCCUPATIONAL THERAPY	54,689	3,993,863	0.013693	4,782	65	67.00
68.00	SPEECH PATHOLOGY	90,893	2,687,122	0.033825	6,766	229	68.00
69.00	ELECTROCARDIOLOGY	448,815	29,078,452	0.015435	59,350	916	69.00
69.01	CARDIAC REHAB	100,787	878,892	0.114675	0	0	69.01
69.02	VASCULAR LAB	310,718	11,011,352	0.028218	9,440	266	69.02
69.03	ENDOSCOPY	1,092,993	30,547,520	0.035780	19,153	685	69.03
69.04	CLINICAL NUTRITION	36,901	281,286	0.131187	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	96,076	2,156,952	0.044542	804	36	70.00
70.01	ECT	50,252	1,370,333	0.036671	361,557	13,259	70.01
70.02	PSYCHOTHERAPY	105,688	7,211,915	0.014655	1,872	27	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,070,065	28,659,875	0.037337	12,380	462	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	825,522	22,120,240	0.037320	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	868,754	153,987,717	0.005642	1,374,491	7,755	73.00
74.00	RENAL DIALYSIS	102,253	6,069,518	0.016847	9,071	153	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	2,734,319	29,537,064	0.092572	0	0	90.00
91.00	EMERGENCY	1,825,421	105,060,231	0.017375	575,250	9,995	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	324,218	18,926,556	0.017130	0	0	92.00
200.00	Total (lines 50-199)	24,952,555	1,126,461,728		3,882,079	51,861	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: 5/25/2012 11:23 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						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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	163,210	0	163,210	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
200.00 Total (Lines 50-199)	0	0	184,274	0	184,274	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: 5/25/2012 11:23 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	163,210	29,537,064	0.005526	0.005526	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
200.00 Total (lines 50-199)	184,274	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: 5/25/2012 11:23 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						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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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
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: 5/25/2012 11:23 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
<b>OUTPATIENT SERVICE COST CENTERS</b>			
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
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: 5/25/2012 11:23 am		
		Component CCN: 26S091	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	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	0.295666	2	0	0	50.00
51.00	RECOVERY ROOM	0.276004	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.116666	0	0	0	53.00
53.01	PAIN MANAGEMENT	0.845214	0	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	2,809	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.186600	0	0	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	0	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	ULTRASOUND	0.115029	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	0.150945	17	0	0	59.00
60.00	LABORATORY	0.080777	0	0	0	60.00
60.01	ANATOMICAL PATHOLOGY	0.285127	0	0	0	60.01
60.02	LAB-STEM CELL	0.898987	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.	0.343424	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.572709	36	0	0	64.00
65.00	RESPIRATORY THERAPY	0.186291	194	0	0	65.00
65.01	SLEEP DISORDER	0.178808	0	0	0	65.01
66.00	PHYSICAL THERAPY	0.422534	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.640128	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.112842	1,619	0	0	69.00
69.01	CARDIAC REHAB	1.181349	0	0	0	69.01
69.02	VASCULAR LAB	0.101142	0	0	0	69.02
69.03	ENDOSCOPY	0.177710	0	0	0	69.03
69.04	CLINICAL NUTRITION	4.148777	0	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	0	0	0	70.00
70.01	ECT	0.376454	0	0	0	70.01
70.02	PSYCHOTHERAPY	0.262152	6,916,199	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	2,956	0	13,962	73.00
74.00	RENAL DIALYSIS	0.303435	4	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0.736581	548	0	0	90.00
91.00	EMERGENCY	0.211348	718	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	168	0	0	92.00
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: 5/25/2012 11:23 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Co-ins. (see instructions)	Cost Services Not Subject To Ded. & Co-ins. (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	326	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 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	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	1,813,095	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	739	0	3,489	73.00
74.00 RENAL DIALYSIS	1	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	404	0	0	90.00
91.00 EMERGENCY	152	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	37	0	0	92.00
200.00 Subtotal (see instructions)	1,814,998	0	3,489	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	1,814,998	0	3,489	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: 5/25/2012 11:23 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			1.00	2.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0.295666	0	3,205,114	0	50.00
51.00 RECOVERY ROOM	0.276004	0	1,411,978	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.316614	0	489,024	0	52.00
53.00 ANESTHESIOLOGY	0.116666	0	877,007	0	53.00
53.01 PAIN MANAGEMENT	0.845214	0	42,295	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0.116049	0	5,654,586	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.186600	0	1,828,431	0	55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	0	448,133	0	55.01
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
56.01 ULTRA SOUND	0.115029	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	0.150945	0	1,204,517	0	59.00
60.00 LABORATORY	0.080777	0	6,326,648	0	60.00
60.01 ANATOMIC PATHOLOGY	0.285127	0	487,559	0	60.01
60.02 LAB-STEM CELL	0.898987	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.	0.343424	0	466,547	0	63.00
64.00 INTRAVENOUS THERAPY	0.572709	0	789,359	0	64.00
65.00 RESPIRATORY THERAPY	0.186291	0	697,592	0	65.00
65.01 SLEEP DISORDER	0.178808	0	422,997	0	65.01
66.00 PHYSICAL THERAPY	0.422534	0	129,703	0	66.00
67.00 OCCUPATIONAL THERAPY	0.244393	0	81,991	0	67.00
68.00 SPEECH PATHOLOGY	0.640128	0	73,908	0	68.00
69.00 ELECTROCARDIOLOGY	0.112842	0	913,543	0	69.00
69.01 CARDIAC REHAB	1.181349	0	59,928	0	69.01
69.02 VASCULAR LAB	0.101142	0	509,777	0	69.02
69.03 ENDOSCOPY	0.177710	0	905,051	0	69.03
69.04 CLINICAL NUTRITION	4.148777	0	17,453	0	69.04
70.00 ELECTROENCEPHALOGRAPHY	0.608362	0	104,471	0	70.00
70.01 ECT	0.376454	0	87,745	0	70.01
70.02 PSYCHOTHERAPY	0.262152	0	0	0	70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	0	266,147	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.778214	0	686,672	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.249898	0	6,969,217	0	73.00
74.00 RENAL DIALYSIS	0.303435	0	218,115	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0.736581	0	2,721,438	0	90.00
91.00 EMERGENCY	0.211348	0	7,348,386	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	0	1,025,263	0	92.00
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: 5/25/2012 11:23 am
	Title XIX	Hospital	Cost

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	947,643	0		50.00
51.00 RECOVERY ROOM	0	389,712	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	154,832	0		52.00
53.00 ANESTHESIOLOGY	0	102,317	0		53.00
53.01 PAIN MANAGEMENT	0	35,748	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	656,209	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	341,185	0		55.00
55.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	91,423	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 ULTRASOUND	0	141,004	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	181,816	0		59.00
60.00 LABORATORY	0	511,048	0		60.00
60.01 ANATOMICAL PATHOLOGY	0	139,016	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	160,223	0		63.00
64.00 INTRAVENOUS THERAPY	0	452,073	0		64.00
65.00 RESPIRATORY THERAPY	0	129,955	0		65.00
65.01 SLEEP DISORDER	0	75,635	0		65.01
66.00 PHYSICAL THERAPY	0	54,804	0		66.00
67.00 OCCUPATIONAL THERAPY	0	20,038	0		67.00
68.00 SPEECH PATHOLOGY	0	47,311	0		68.00
69.00 ELECTROCARDIOLOGY	0	103,086	0		69.00
69.01 CARDIAC REHAB	0	70,796	0		69.01
69.02 VASCULAR LAB	0	51,560	0		69.02
69.03 ENDOSCOPY	0	160,837	0		69.03
69.04 CLINICAL NUTRITION	0	72,409	0		69.04
70.00 ELECTROENCEPHALOGRAPHY	0	63,556	0		70.00
70.01 ECT	0	33,032	0		70.01
70.02 PSYCHOTHERAPY	0	0	0		70.02
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	205,879	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	534,378	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,741,593	0		73.00
74.00 RENAL DIALYSIS	0	66,184	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0	2,004,560	0		90.00
91.00 EMERGENCY	0	1,553,067	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	225,813	0		92.00
200.00 Subtotal (see instructions)	0	11,518,742	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	11,518,742	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2012 11:23 am
Cost Center Description		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)		79,731,919	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)		79,731,919	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)		0.441791	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)		121.74	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		6,443,576	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		73,288,343	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)		895.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,968,994	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)		19,968,994	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: 5/25/2012 11:23 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	10,291,139	6,926	1,485.87	3,337	4,958,348		43.00
43.01 PEDIATRIC INTENSIVE CARE UNIT	7,742,155	4,559	1,698.21	128	217,371		43.01
44.00 CORONARY CARE UNIT	3,708,974	2,611	1,420.52	1,132	1,608,029		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	32,499,787	27,610	1,177.10	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,880,326		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					56,633,068		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)					2,146,192		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,504,666		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,650,858		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					51,982,210		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)					895.31		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,168,563		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: 5/25/2012 11:23 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,201,336	79,731,919	0.077777	4,168,563	324,218	90.00
91.00	Nursing School cost	0	79,731,919	0.000000	4,168,563	0	91.00
92.00	Allied health cost	402,923	79,731,919	0.005053	4,168,563	21,064	92.00
93.00	All other Medical Education	0	79,731,919	0.000000	4,168,563	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: 5/25/2012 11:23 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)		9,788,254	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)		9,788,254	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)		0.477812	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)		9,788,076	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)		690.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,254,281	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)		4,254,281	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: 5/25/2012 11:23 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
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						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)			800,712		48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)			5,054,993		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)			214,738		50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)			51,861		51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)			266,599		52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)			4,788,394		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		70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			71.00		71.00	
72.00	Program routine service cost (line 9 x line 71)			72.00		72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)			73.00		73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)			74.00		74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)			75.00		75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)			76.00		76.00	
77.00	Program capital-related costs (line 9 x line 76)			77.00		77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)			78.00		78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)			79.00		79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)			80.00		80.00	
81.00	Inpatient routine service cost per diem limitation			81.00		81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)			82.00		82.00	
83.00	Reasonable inpatient routine service costs (see instructions)			83.00		83.00	
84.00	Program inpatient ancillary services (see instructions)			84.00		84.00	
85.00	Utilization review - physician compensation (see instructions)			85.00		85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)			86.00		86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)			0		87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			0.00		88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)			0		89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260091 Component CCN: 26S091		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 11:23 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	494,015	9,788,254	0.050470	0	0	90.00
91.00	Nursing School cost	0	9,788,254	0.000000	0	0	91.00
92.00	Allied health cost	0	9,788,254	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,788,254	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: 5/25/2012 11:23 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)			78,401,598 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)			78,401,598 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)			0.434420 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)			119.70 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			6,335,601 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			72,065,997 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)			809.23 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,522,810 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)			8,522,810 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: 5/25/2012 11:23 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)	1,196,778	5,706	209.74	636	133,395	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,278,538	6,926	1,484.05	693	1,028,447	43.00
43.01	PEDIATRIC INTENSIVE CARE UNIT	7,742,155	4,559	1,698.21	587	996,849	43.01
44.00	CORONARY CARE UNIT	3,708,974	2,611	1,420.52	275	390,643	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	32,499,787	27,610	1,177.10	3,718	4,376,458	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,821,524	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,270,126	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)					880.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,099,003	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: 5/25/2012 11:23 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: 5/25/2012 11:23 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)		9,782,035	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)		9,782,035	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)		0.477508	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)		9,781,857	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)		690.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,809,723	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)		2,809,723	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: 5/25/2012 11:23 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							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							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)					549,984		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,359,707		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 5/25/2012 11:23 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: 5/25/2012 11:23 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<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
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296116	12,339,307	3,653,866	50.00
51.00	RECOVERY ROOM	0.276004	1,332,111	367,668	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	167,931	53,169	52.00
53.00	ANESTHESIOLOGY	0.116741	2,343,599	273,594	53.00
53.01	PAIN MANAGEMENT	0.845214	107,331	90,718	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	15,010,777	1,741,986	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187706	285,762	53,639	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	1,150,448	234,701	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115029	813,849	93,616	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	0.150945	4,878,500	736,385	59.00
60.00	LABORATORY	0.080777	23,883,502	1,929,238	60.00
60.01	ANATOMIC PATHOLOGY	0.285127	767,877	218,942	60.01
60.02	LAB-STEM CELL	0.898987	4,316	3,880	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.	0.343424	3,903,471	1,340,546	63.00
64.00	INTRAVENOUS THERAPY	0.574655	442,545	254,311	64.00
65.00	RESPIRATORY THERAPY	0.186351	8,852,450	1,649,663	65.00
65.01	SLEEP DISORDER	0.179286	20	4	65.01
66.00	PHYSICAL THERAPY	0.422534	1,848,893	781,220	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	583,284	142,551	67.00
68.00	SPEECH PATHOLOGY	0.640128	291,301	186,470	68.00
69.00	ELECTROCARDIOLOGY	0.114796	4,464,793	512,540	69.00
69.01	CARDIAC REHAB	1.183954	3,695	4,375	69.01
69.02	VASCULAR LAB	0.101343	1,700,900	172,374	69.02
69.03	ENDOSCOPY	0.177710	2,045,716	363,544	69.03
69.04	CLINICAL NUTRITION	4.148777	865	3,589	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	133,175	81,019	70.00
70.01	ECT	0.378534	13,777	5,215	70.01
70.02	PSYCHOTHERAPY	0.264189	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	5,881,531	4,549,682	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	3,637,514	2,830,764	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	19,835,933	4,956,960	73.00
74.00	RENAL DIALYSIS	0.303435	2,460,467	746,592	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.736974	0	0	90.00
91.00	EMERGENCY	0.211348	8,741,529	1,847,505	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	0	0	92.00
200.00	Total (sum of lines 61-94 and 96-98)		127,927,169	29,880,326	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: 5/25/2012 11:23 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
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		8,880,945		40.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.296116	0	0	50.00
51.00	RECOVERY ROOM	0.276004	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	0	0	52.00
53.00	ANESTHESIOLOGY	0.116741	94,479	11,030	53.00
53.01	PAIN MANAGEMENT	0.845214	736	622	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	184,535	21,415	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.187706	7	1	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	18,720	3,819	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRASOUND	0.115029	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	0.150945	7,741	1,168	59.00
60.00	LABORATORY	0.080777	970,858	78,423	60.00
60.01	ANATOMICAL PATHOLOGY	0.285127	3,252	927	60.01
60.02	LAB-STEM CELL	0.898987	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.	0.343424	6,236	2,142	63.00
64.00	INTRAVENOUS THERAPY	0.574655	1,748	1,004	64.00
65.00	RESPIRATORY THERAPY	0.186351	73,853	13,763	65.00
65.01	SLEEP DISORDER	0.179286	0	0	65.01
66.00	PHYSICAL THERAPY	0.422534	80,358	33,954	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	4,782	1,169	67.00
68.00	SPEECH PATHOLOGY	0.640128	6,766	4,331	68.00
69.00	ELECTROCARDIOLOGY	0.114796	59,350	6,813	69.00
69.01	CARDIAC REHAB	1.183954	0	0	69.01
69.02	VASCULAR LAB	0.101343	9,440	957	69.02
69.03	ENDOSCOPY	0.177710	19,153	3,404	69.03
69.04	CLINICAL NUTRITION	4.148777	0	0	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	804	489	70.00
70.01	ECT	0.378534	361,557	136,862	70.01
70.02	PSYCHOTHERAPY	0.264189	1,872	495	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	12,380	9,577	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	1,374,491	343,483	73.00
74.00	RENAL DIALYSIS	0.303435	9,071	2,752	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.736974	0	0	90.00
91.00	EMERGENCY	0.211348	575,250	121,578	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,882,079	800,712	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: 5/25/2012 11:23 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
35.00	NEONATAL INTENSIVE CARE UNIT		14,117,159		35.00
40.00	SUBPROVIDER - IPF		0		40.00
43.00	NURSERY		951,379		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.295666	5,046,112	1,491,964	50.00
51.00	RECOVERY ROOM	0.276004	457,934	126,392	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	1,573,417	498,166	52.00
53.00	ANESTHESIOLOGY	0.116666	1,414,797	165,059	53.00
53.01	PAIN MANAGEMENT	0.845214	41,594	35,156	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	6,095,103	707,331	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.186600	78,345	14,619	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	392,312	80,035	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRA SOUND	0.115029	452,901	52,097	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	0.150945	1,506,754	227,437	59.00
60.00	LABORATORY	0.080777	12,380,630	1,000,070	60.00
60.01	ANATOMICAL PATHOLOGY	0.285127	492,636	140,464	60.01
60.02	LAB-STEM CELL	0.898987	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.	0.343424	1,849,029	635,001	63.00
64.00	INTRAVENOUS THERAPY	0.572709	158,428	90,733	64.00
65.00	RESPIRATORY THERAPY	0.186291	5,651,710	1,052,863	65.00
65.01	SLEEP DISORDER	0.178808	4	1	65.01
66.00	PHYSICAL THERAPY	0.422534	712,635	301,113	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	349,591	85,438	67.00
68.00	SPEECH PATHOLOGY	0.640128	156,953	100,470	68.00
69.00	ELECTROCARDIOLOGY	0.112842	1,458,957	164,632	69.00
69.01	CARDIAC REHAB	1.181349	186	220	69.01
69.02	VASCULAR LAB	0.101142	574,575	58,114	69.02
69.03	ENDOSCOPY	0.177710	630,096	111,974	69.03
69.04	CLINICAL NUTRITION	4.148777	447	1,855	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	126,449	76,927	70.00
70.01	ECT	0.376454	0	0	70.01
70.02	PSYCHOTHERAPY	0.262152	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	2,950,837	2,282,632	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	1,260,647	981,053	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	9,857,223	2,463,300	73.00
74.00	RENAL DIALYSIS	0.303435	255,755	77,605	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.736581	0	0	90.00
91.00	EMERGENCY	0.211348	3,773,260	797,471	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		59,700,799	13,821,524	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: 5/25/2012 11:23 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
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - IPF		5,867,168		40.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.295666	0	0	50.00
51.00	RECOVERY ROOM	0.276004	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.316614	0	0	52.00
53.00	ANESTHESIOLOGY	0.116666	42,844	4,998	53.00
53.01	PAIN MANAGEMENT	0.845214	388	328	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.116049	76,929	8,928	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.186600	1	0	55.00
55.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.204008	1,561	318	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	ULTRASOUND	0.115029	3,411	392	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	0.150945	3,261	492	59.00
60.00	LABORATORY	0.080777	1,050,696	84,872	60.00
60.01	ANATOMICAL PATHOLOGY	0.285127	4,570	1,303	60.01
60.02	LAB-STEM CELL	0.898987	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.	0.343424	3,866	1,328	63.00
64.00	INTRAVENOUS THERAPY	0.572709	260	149	64.00
65.00	RESPIRATORY THERAPY	0.186291	51,745	9,640	65.00
65.01	SLEEP DISORDER	0.178808	0	0	65.01
66.00	PHYSICAL THERAPY	0.422534	7,739	3,270	66.00
67.00	OCCUPATIONAL THERAPY	0.244393	801	196	67.00
68.00	SPEECH PATHOLOGY	0.640128	2,213	1,417	68.00
69.00	ELECTROCARDIOLOGY	0.112842	42,083	4,749	69.00
69.01	CARDIAC REHAB	1.181349	4	5	69.01
69.02	VASCULAR LAB	0.101142	1,773	179	69.02
69.03	ENDOSCOPY	0.177710	4,978	885	69.03
69.04	CLINICAL NUTRITION	4.148777	18	75	69.04
70.00	ELECTROENCEPHALOGRAPHY	0.608362	0	0	70.00
70.01	ECT	0.376454	174,682	65,760	70.01
70.02	PSYCHOTHERAPY	0.262152	0	0	70.02
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773554	1,754	1,357	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.778214	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.249898	765,737	191,356	73.00
74.00	RENAL DIALYSIS	0.303435	38,870	11,795	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.736581	0	0	90.00
91.00	EMERGENCY	0.211348	739,012	156,189	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.220249	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,019,199	549,984	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: 5/25/2012 11:23 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	895.31	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	19,088	1,485.87	6	8,915	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.21	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,420.52	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	1,177.10	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		19,088		6	8,915	7.00
Cost Center Description		C			Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	Ratio of Cost/Charges (from Wkst. C)	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.295666	18,929	5,597	8.00
9.00	RECOVERY ROOM		51.00	0.276004	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.316614	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.116666	3,330	388	11.00
11.01	PAIN MANAGEMENT		53.01	0.845214	0	0	11.01
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.116049	0	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.186600	0	0	13.00
13.01	NUCLEAR MEDICINE-DIAGNOSTIC		55.01	0.204008	0	0	13.01
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
14.01	ULTRA SOUND		56.01	0.115029	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	0.150945	0	0	17.00
18.00	LABORATORY		60.00	0.080777	20,653	1,668	18.00
18.01	ANATOMIC PATHOLOGY		60.01	0.285127	0	0	18.01
18.02	LAB-STEM CELL		60.02	0.898987	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	0.343424	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.572709	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.186291	7,404	1,379	23.00
23.01	SLEEP DISORDER		65.01	0.178808	0	0	23.01
24.00	PHYSICAL THERAPY		66.00	0.422534	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.244393	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.640128	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.112842	0	0	27.00
27.01	CARDIAC REHAB		69.01	1.181349	0	0	27.01
27.02	VASCULAR LAB		69.02	0.101142	0	0	27.02
27.03	ENDOSCOPY		69.03	0.177710	0	0	27.03
27.04	CLINICAL NUTRITION		69.04	4.148777	0	0	27.04
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.608362	0	0	28.00
28.01	ECT		70.01	0.376454	0	0	28.01
28.02	PSYCHOTHERAPY		70.02	0.262152	0	0	28.02
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.773554	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.778214	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.249898	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.303435	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	0.736581	0	0	37.00
38.00	EMERGENCY		91.00	0.211348	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.220249	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	9,032	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: 5/25/2012 11:23 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	0	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	17,947		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)	585,663		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)	603,610		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)	517,380		303,261			65.00
66.00	Revenue for Organs Sold	69,405		69,405			66.00
67.00	Subtotal (line 65 minus line 66)	447,975		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)	447,975	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: 5/25/2012 11:23 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	
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	895.31	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	18,378	1,485.87	3	4,458	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.21	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,420.52	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	1,177.10	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		18,378		3	4,458	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	0.295666	19,763	5,843	8.00	
9.00	RECOVERY ROOM	51.00	0.276004	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.316614	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.116666	3,672	428	11.00	
11.01	PAIN MANAGEMENT	53.01	0.845214	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116049	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.186600	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.204008	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.115029	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	0.150945	0	0	17.00	
18.00	LABORATORY	60.00	0.080777	20,382	1,646	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.285127	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.898987	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	0.343424	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.572709	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.186291	6,811	1,269	23.00	
23.01	SLEEP DISORDER	65.01	0.178808	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.422534	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.244393	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.640128	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.112842	0	0	27.00	
27.01	CARDIAC REHAB	69.01	1.181349	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.101142	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.177710	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.148777	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.608362	0	0	28.00	
28.01	ECT	70.01	0.376454	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.262152	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.773554	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.778214	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249898	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.303435	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	0.736581	0	0	37.00	
38.00	EMERGENCY	91.00	0.211348	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.220249	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	9,186	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: 5/25/2012 11:23 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	0	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	13,644		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)	191,434		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)	205,078		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)	166,626		145,727			65.00
66.00	Revenue for Organs Sold	69,006		69,006			66.00
67.00	Subtotal (line 65 minus line 66)	97,620		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)	97,620	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: 5/25/2012 11:23 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	895.31	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	6,674	1,485.87	4	5,943	2.00
2.01	PEDIATRIC INTENSIVE CARE UNIT	43.01	0	1,698.21	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	1,420.52	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	1,177.10	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		6,674		4	5,943	7.00
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.295666	8,255	2,441	8.00	
9.00	RECOVERY ROOM	51.00	0.276004	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.316614	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.116666	1,549	181	11.00	
11.01	PAIN MANAGEMENT	53.01	0.845214	0	0	11.01	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116049	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.186600	0	0	13.00	
13.01	NUCLEAR MEDICINE-DIAGNOSTIC	55.01	0.204008	0	0	13.01	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
14.01	ULTRA SOUND	56.01	0.115029	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	0.150945	6,158	930	17.00	
18.00	LABORATORY	60.00	0.080777	8,718	704	18.00	
18.01	ANATOMIC PATHOLOGY	60.01	0.285127	0	0	18.01	
18.02	LAB-STEM CELL	60.02	0.898987	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	0.343424	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.572709	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.186291	2,898	540	23.00	
23.01	SLEEP DISORDER	65.01	0.178808	0	0	23.01	
24.00	PHYSICAL THERAPY	66.00	0.422534	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.244393	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.640128	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.112842	12,270	1,385	27.00	
27.01	CARDIAC REHAB	69.01	1.181349	0	0	27.01	
27.02	VASCULAR LAB	69.02	0.101142	0	0	27.02	
27.03	ENDOSCOPY	69.03	0.177710	0	0	27.03	
27.04	CLINICAL NUTRITION	69.04	4.148777	0	0	27.04	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.608362	0	0	28.00	
28.01	ECT	70.01	0.376454	0	0	28.01	
28.02	PSYCHOTHERAPY	70.02	0.262152	0	0	28.02	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.773554	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.778214	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.249898	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.303435	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	0.736581	0	0	37.00	
38.00	EMERGENCY	91.00	0.211348	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.220249	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	6,181	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: 5/25/2012 11:23 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	0	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	12,124		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)	191,203		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)	203,327		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)	152,495		116,585			65.00
66.00	Revenue for Organs Sold	46,522		46,522			66.00
67.00	Subtotal (line 65 minus line 66)	105,973		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)	105,973	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: 5/25/2012 11:23 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		166.84	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)		8.59	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).		2,899,635	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)		651,568	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: 5/25/2012 11:23 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)			74,640,462 59.00
60.00	Primary payer payments			81,040 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			74,559,422 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)			71,309,796 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)			71,309,796 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)			1,756,362 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: 5/25/2012 11:23 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		50,880	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,671,192	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		15,161	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,880	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)		151,729	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)		50,880	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)		18,763,129	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)		14,846,552	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,190,233	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)		16,036,785	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		16,036,785	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)		16,358,824	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)		16,358,824	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)		213,640	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: 5/25/2012 11:23 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			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: 5/25/2012 11:23 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)		3,489	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,814,995	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)		3,489	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)		10,473	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)		3,489	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)		1,226,815	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)		1,226,815	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,226,815	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)		1,226,815	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)		1,226,815	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)		3,492	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: 5/25/2012 11:23 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:  
5/25/2012 11:23 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		1,756,362		213,640	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		71,309,796		16,358,824	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:  
5/25/2012 11:23 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		4,211,317		1,223,323	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	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		3,492	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,265,064		1,226,815	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:  
5/25/2012 11:23 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: 5/25/2012 11:23 am
		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)			38.830137 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	Coinsurance			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	
		Title XVII	Hospital	Date/Time Prepared: 5/25/2012 11:23 am	
				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)			168.17	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.	107.89	45.38	153.27	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	42.72	144.28	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	42.72		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	40.11		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	40.11		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	3,845,902	13,251,151	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)			9.87	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)			13,338,405	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	3,143,622	1,101,952		29.00
30.00	Reduction for nursing/allied health		155,706		30.00
31.00	Net Program direct GME amount			4,089,868	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: 5/25/2012 11:23 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)		61,688,061	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		651,568	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)		62,258,589	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		25,555,720	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,555,720	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		87,814,309	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.708980	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.291020	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		4,089,868	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,899,635	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,190,233	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:  
5/25/2012 11:23 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:  
5/25/2012 11:23 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				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				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				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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:  
5/25/2012 11:23 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	SALE OF SERVICES	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	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	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:  
5/25/2012 11:23 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.	25,957	Percentage of Time			19.00
20.00	Employee Benefits	52,551	Salary			20.00
21.00	Administrative & General	418,413	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	73,186	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	272	Requisitions			25.00
26.00	Other Allocated Costs	69,037	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	1,841,704				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)	1,841,704				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: 5/25/2012 11:23 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	88,560	25,957	263,376	0	52,551	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	24,036	7,042	71,469	0	14,259	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	64,524	18,915	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)	88,560	25,957	263,376	0	52,551	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: 5/25/2012 11:23 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	367	24,807	0	455,618	1,386,086		1.00
<b>MAINTENANCE</b>								
2.00	Hemodialysis	100	6,730	0	123,636	376,127		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	267	18,077	0	331,982	1,009,959		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)	367	24,807	0	455,618	1,386,086		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: 5/25/2012 11:23 am	
		Renal Dialysis		

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	1,841,704	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis	499,763	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	1,341,941	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)	1,841,704	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	1,841,704	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:  
5/25/2012 11:23 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		88,560	25,957	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)		44.103586	259.570000	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:  
5/25/2012 11:23 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	52,551	367	24,807	0	455,618	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)	0.199528	0.024939	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:  
5/25/2012 11:23 am

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,386,086	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	455,618	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	3.042211	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:  
5/25/2012 11:23 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	499,763	467.94	800	374,352	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	499,763		800	374,352	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:  
5/25/2012 11:23 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: 5/25/2012 11:23 am
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			374,352 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.)			321,282 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: 5/25/2012 11:23 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