

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: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/15/2012 2:20 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/15/2012 Time: 2:20 pm
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 SSM DEPAUL 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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	657,037	207,320	3,116,325	0	1.00
2.00 Subprovider - IPF	0	21,098	-270		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	678,135	207,050	3,116,325	0	200.00

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

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Encryption Information
 ECR: Date: 5/15/2012 Time: 2: 20 pm
 OAFXi uOnWd38hAVFMI . HOHGfPRpdZO
 T00kI 0dAzVz7ctwI VR4X8Sbcj QhAYs
 fHCG1: 0o2C0: : 0T:
 PI: Date: 5/15/2012 Time: 2: 20 pm
 DGSbqB9RUxQ7OKt87MBb0znt8Kh3o1
 OpKsn00xFEtkpL7j vkrMj rVvI 4. yTJ
 gerQI R4kSp08N03W

(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			
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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	678,135	207,050	3,116,325	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/15/2012 2:15 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 12303 DEPAUL DRIVE		PO Box:						1.00		
2.00	City: BRIDGETON		State: MO		Zip Code: 63044		County: ST. LOUIS		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SSM DEPAUL HEALTH CENTER	260104	41180	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		ST. VINCENTS	26S104	41180	4	07/01/1985	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						N	N	N		9.00
10.00	Hospital-Based NF						N		N		10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA						N	N	N		12.00
13.00	Separately Certified ASC						N	N	N		13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N		15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N		16.00
17.00	Hospital-Based (CMHC) 1						N	N	N		17.00
17.10	Hospital-Based (CORF) 1						N	N	N		17.10
18.00	Renal Dialysis										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.	17,210	3,399	123	204	7,902	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: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/15/2012 2:15 pm		
		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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 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: 260104

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

Worksheet S-2
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

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

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			1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N
			1.00		2.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		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	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/15/2012 2:15 pm			
			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.						126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
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. LOUIS	Contractor's Name: SSM HEALTH CARE ST. LOUIS	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.					Y	145.00	
			1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00	
			Part A	Part B				
			1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital					N	N	155.00
156.00	Subprovider - IPF					N	N	156.00
157.00	Subprovider - IRF					N	N	157.00
158.00	SUBPROVIDER					N	N	158.00
159.00	SNF					N	N	159.00
160.00	HOME HEALTH AGENCY					N	N	160.00
161.00	CMHC						N	161.00
161.10	CORF						N	161.10
			1.00					
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00	
	Name	County	State	Zip Code	CBSA	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)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/15/2012 2:15 pm
			Y/N 1.00	Date 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 1.00	Date 2.00
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 1.00	Type 2.00
				Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
				Y/N 1.00
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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: 260104

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

Worksheet S-2
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

		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
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		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: 260104

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

Worksheet S-2
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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
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: 260104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

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	346	126,290	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)		346	126,290	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	44	16,060	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		390	142,350	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	32	11,680			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	54	19,710			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		476				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	28,830	15,993	78,982		1.00
2.00 HMO		11,718	10,930			2.00
3.00 HMO IPF		527	186			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	28,830	15,993	78,982		7.00
8.00 INTENSIVE CARE UNIT	0	6,564	1,578	14,093		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		208	3,254		13.00
14.00 Total (see instructions)	0	35,394	17,779	96,329		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	5,443	2,026	9,561		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				18,734		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		336	5,199		28.00
28.01 SUBPROVIDER - IPF				13		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				1,068		30.00
31.00 Employee discount days - IRF				7		31.00
32.00 Labor & delivery days (see instructions)			129	3,034		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	6,983	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	9.00	1,710.81	0.00	0	6,983	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	34.70	0.00	0	485	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	61.55	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	9.00	1,807.06	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 260104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,731	20,561		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,731	20,561		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	248	1,118		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		13		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260104

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

Worksheet S-3
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

		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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	105,769,477	2,000,505	107,769,982	3,777,386.00	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		1,442,638	0	1,442,638	8,547.09	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		2,108,404	0	2,108,404	20,668.76	5.00
6.00	Non-physician-Part B		429,534	0	429,534	19,685.80	6.00
7.00	Interns & residents (in an approved program)	21.00	429,534	0	429,534	18,535.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,654,544	85,500	5,740,044	219,931.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,843,047	0	1,843,047	44,924.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		768,042	0	768,042	7,552.00	13.00
14.00	Home office salaries & wage-related costs		12,022,399	0	12,022,399	230,839.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		46,819,912	0	46,819,912		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,614,597	0	1,614,597		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		434,599	0	434,599		22.00
23.00	Physician Part B		870,771	0	870,771		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		225,031	0	225,031		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	342,752	0	342,752	13,911.00	26.00
27.00	Administrative & General	5.00	15,551,168	-411,988	15,139,180	468,614.00	27.00
28.00	Administrative & General under contract (see inst.)		964,046	0	964,046	8,249.34	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,887,977	0	1,887,977	66,395.00	30.00
31.00	Laundry & Linen Service	8.00	153,197	0	153,197	10,852.00	31.00
32.00	Housekeeping	9.00	2,320,824	0	2,320,824	164,182.00	32.00
33.00	Housekeeping under contract (see instructions)		288,890	0	288,890	12,480.00	33.00
34.00	Dietary	10.00	2,835,325	0	2,835,325	177,519.00	34.00
35.00	Dietary under contract (see instructions)		329,971	0	329,971	12,480.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	2,738,136	0	2,738,136	133,017.00	38.00
39.00	Central Services and Supply	14.00	513,219	0	513,219	29,286.00	39.00
40.00	Pharmacy	15.00	3,317,119	-2,182,758	1,134,361	79,598.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,299,102	0	1,299,102	63,655.00	41.00
42.00	Social Service	17.00	360,048	0	360,048	12,340.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/15/2012 2:15 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.53	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	168.79	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	102.01	5.00
6.00	Non-physician-Part B	21.82	6.00
7.00	Interns & residents (in an approved program)	23.17	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	26.10	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	41.03	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	101.70	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
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	24.64	26.00
27.00	Administrative & General	32.31	27.00
28.00	Administrative & General under contract (see inst.)	116.86	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	28.44	30.00
31.00	Laundry & Linen Service	14.12	31.00
32.00	Housekeeping	14.14	32.00
33.00	Housekeeping under contract (see instructions)	23.15	33.00
34.00	Dietary	15.97	34.00
35.00	Dietary under contract (see instructions)	26.44	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	20.58	38.00
39.00	Central Services and Supply	17.52	39.00
40.00	Pharmacy	14.25	40.00
41.00	Medical Records & Medical Records Library	20.41	41.00
42.00	Social Service	29.18	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260104

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

Worksheet S-3
Part III
Date/Time Prepared:
5/15/2012 2:15 pm

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	104,384,912	2,000,505	106,385,417	3,751,705.78	1.00
2.00	Excluded area salaries (see instructions)	5,654,544	85,500	5,740,044	219,931.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	98,730,368	1,915,005	100,645,373	3,531,774.78	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,633,488	0	14,633,488	283,315.00	4.00
5.00	Subtotal wage-related costs (see inst.)	47,254,511	0	47,254,511	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	160,618,367	1,915,005	162,533,372	3,815,089.78	6.00
7.00	Total overhead cost (see instructions)	32,901,774	-2,594,746	30,307,028	1,252,578.34	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/15/2012 2:15 pm
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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)	28.36	1.00
2.00	Excluded area salaries (see instructions)	26.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	51.65	4.00
5.00	Subtotal wage-related costs (see inst.)	46.95	5.00
6.00	Total (sum of lines 3 thru 5)	42.60	6.00
7.00	Total overhead cost (see instructions)	24.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/15/2012 2:15 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		5,656,585	3.00
4.00	Prior Year Pension Service Cost			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		31,029,724	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan		608,890	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		317,176	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		478,549	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		1,514,641	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only		6,526,156	17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance		343,481	19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		344,710	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		46,819,912	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 260104

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

Worksheet S-3
Part V
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,843,047	0	1.00
2.00	Hospital	1,590,308	0	2.00
3.00	Subprovider - IPF	252,739	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/15/2012 2:15 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.241962		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		44,942,030		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		4,519,972		5.00
6.00	Medicaid charges		167,616,380		6.00
7.00	Medicaid cost (line 1 times line 6)		40,556,795		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		123		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
				1.00	
				Uninsured patients	
				Insured patients	
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	42,217,410	6,782,113	48,999,523	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,215,009	1,641,014	11,856,023	21.00
22.00	Partial payment by patients approved for charity care	52,550	141,210	193,760	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,162,459	1,499,804	11,662,263	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)		19,470,203		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,571,416		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		17,898,787		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,330,826		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		15,993,089		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,993,089		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		3,111,083	3,111,083	0	3,111,083	1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE		358,576	358,576	0	358,576	1.01
2.00 CAP REL COSTS-MVBLE EQUIP		5,839,649	5,839,649	1,169,040	7,008,689	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	342,752	34,719,412	35,062,164	0	35,062,164	4.00
5.00 ADMINISTRATIVE & GENERAL	15,551,168	61,684,540	77,235,708	-642,070	76,593,638	5.00
7.00 OPERATION OF PLANT	1,887,977	10,748,597	12,636,574	0	12,636,574	7.00
8.00 LAUNDRY & LINEN SERVICE	153,197	921,023	1,074,220	0	1,074,220	8.00
9.00 HOUSEKEEPING	2,320,824	1,559,666	3,880,490	0	3,880,490	9.00
10.00 DIETARY	2,835,325	3,364,193	6,199,518	0	6,199,518	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	2,738,136	204,751	2,942,887	0	2,942,887	13.00
14.00 CENTRAL SERVICES & SUPPLY	513,219	384,998	898,217	0	898,217	14.00
15.00 PHARMACY	3,317,119	18,120,620	21,437,739	-11,898,119	9,539,620	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,299,102	757,904	2,057,006	0	2,057,006	16.00
17.00 SOCIAL SERVICE	360,048	566	360,614	0	360,614	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	429,534	124,863	554,397	0	554,397	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	26,564,907	4,491,717	31,056,624	613,019	31,669,643	30.00
31.00 INTENSIVE CARE UNIT	7,280,929	2,532,263	9,813,192	-1,126,493	8,686,699	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I PF	5,205,936	608,118	5,814,054	-2,028,552	3,785,502	40.00
41.00 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	988,524	51,619	1,040,143	-37,503	1,002,640	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,758,458	26,764,772	32,523,230	-23,149,099	9,374,131	50.00
51.00 RECOVERY ROOM	2,151,634	280,911	2,432,545	-124,149	2,308,396	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,382,253	1,382,253	52.00
53.00 ANESTHESIOLOGY	92,422	3,592,131	3,684,553	94,121	3,778,674	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,205,218	9,677,013	15,882,231	-2,994,096	12,888,135	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,295,195	714,513	2,009,708	0	2,009,708	55.00
56.00 RADIOISOTOPE	354,042	962,558	1,316,600	0	1,316,600	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,845,941	3,317,130	5,163,071	0	5,163,071	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	118,212	593,466	711,678	-13,248	698,430	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	514,234	1,422,881	1,937,115	0	1,937,115	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	2,162,133	1,005,392	3,167,525	-248,788	2,918,737	65.00
66.00 PHYSICAL THERAPY	0	1,090,644	1,090,644	-4,670	1,085,974	66.00
67.00 OCCUPATIONAL THERAPY	0	287,810	287,810	-14,147	273,663	67.00
68.00 SPEECH PATHOLOGY	0	143,077	143,077	0	143,077	68.00
69.00 ELECTROCARDIOLOGY	2,219,137	4,211,806	6,430,943	-2,595,835	3,835,108	69.00
69.01 CARDIAC	448,805	16,324	465,129	0	465,129	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	87,859	20,357	108,216	0	108,216	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,509,562	13,509,562	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,999,237	17,999,237	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	11,898,119	11,898,119	73.00
74.00 RENAL DIALYSIS	6,664	1,057,723	1,064,387	0	1,064,387	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	289,553	86,078	375,631	0	375,631	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260104

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

Worksheet A
Date/Time Prepared:
5/15/2012 2:15 pm

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	
90.02 OP PSYCH SERVICES	545,895	360,697	906,592	66,009	972,601	90.02
90.03 SENIOR CLINIC	747,538	354,970	1,102,508	0	1,102,508	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	188,171	3,045	191,216	0	191,216	90.04
90.05 SLEEP LAB	2,379	724,298	726,677	0	726,677	90.05
90.06 BARIATRIC CLINIC	2,240,847	446,617	2,687,464	0	2,687,464	90.06
91.00 EMERGENCY	6,257,835	1,929,406	8,187,241	-685,551	7,501,690	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	1,169,040	1,169,040	-1,169,040	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	105,320,869	209,816,817	315,137,686	0	315,137,686	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,653	27,795	57,448	0	57,448	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 HEALTHSTYLES INSTITUTE	194,942	69,696	264,638	0	264,638	194.00
194.01 RETAIL PHARMACY	0	297	297	0	297	194.01
194.02 WELLNESS CENTER	48,443	2,093	50,536	0	50,536	194.02
194.03 ELIZABETH HOUSE	0	0	0	0	0	194.03
194.04 HMR WEIGHT LOSS	175,570	360,837	536,407	0	536,407	194.04
194.05 PHYSICIAN OP CATH LAB	0	0	0	0	0	194.05
194.06 ALL SAINTS	0	0	0	0	0	194.06
194.07 FOUNDATION	0	0	0	0	0	194.07
194.08 EMS SERVICES	0	0	0	0	0	194.08
200.00 TOTAL (SUM OF LINES 118-199)	105,769,477	210,277,535	316,047,012	0	316,047,012	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260104

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

Worksheet A
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	378,168	3,489,251	1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	0	358,576	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	2,719,372	9,728,061	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-9,178,881	25,883,283	4.00
5.00	ADMINISTRATIVE & GENERAL	-32,297,078	44,296,560	5.00
7.00	OPERATION OF PLANT	-1,218,593	11,417,981	7.00
8.00	LAUNDRY & LINEN SERVICE	127,010	1,201,230	8.00
9.00	HOUSEKEEPING	-212	3,880,278	9.00
10.00	DIETARY	-1,565,408	4,634,110	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	-75	2,942,812	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	898,217	14.00
15.00	PHARMACY	-69,033	9,470,587	15.00
16.00	MEDICAL RECORDS & LIBRARY	-18,566	2,038,440	16.00
17.00	SOCIAL SERVICE	0	360,614	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
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	554,397	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,268,750	29,400,893	30.00
31.00	INTENSIVE CARE UNIT	-1,001,060	7,685,639	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	-53,743	3,731,759	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-123,510	879,130	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	3,168,109	3,168,109	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-1,990	9,372,141	50.00
51.00	RECOVERY ROOM	-19,085	2,289,311	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,382,253	52.00
53.00	ANESTHESIOLOGY	-2,991,932	786,742	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-920,625	11,967,510	54.00
55.00	RADIOLOGY-THERAPEUTIC	-105,420	1,904,288	55.00
56.00	RADIOISOTOPE	-104	1,316,496	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-163,165	4,999,906	60.00
60.01	BLOOD LABORATORY	0	0	60.01
60.02	PATHOLOGY	0	698,430	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,937,115	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-88,275	2,830,462	65.00
66.00	PHYSICAL THERAPY	0	1,085,974	66.00
67.00	OCCUPATIONAL THERAPY	0	273,663	67.00
68.00	SPEECH PATHOLOGY	0	143,077	68.00
69.00	ELECTROCARDIOLOGY	-1,071,648	2,763,460	69.00
69.01	CARDIAC	0	465,129	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0	108,216	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-184,948	13,324,614	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	17,999,237	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,898,119	73.00
74.00	RENAL DIALYSIS	-1,704	1,062,683	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-366,065	9,566	90.00
90.01	CARDIO PULMONARY REHAB	0	0	90.01
90.02	OP PSYCH SERVICES	-331,415	641,186	90.02
90.03	SENIOR CLINIC	-10,343	1,092,165	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260104

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

Worksheet A
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	191,216	90.04
90.05	SLEEP LAB	-1,453	725,224	90.05
90.06	BARIATRIC CLINIC	-1,341,665	1,345,799	90.06
91.00	EMERGENCY	-1,032,573	6,469,117	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-50,034,660	265,103,026	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,448	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	264,638	194.00
194.01	RETAIL PHARMACY	0	297	194.01
194.02	WELLNESS CENTER	0	50,536	194.02
194.03	ELIZABETH HOUSE	0	0	194.03
194.04	HMR WEIGHT LOSS	0	536,407	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	194.05
194.06	ALL SAINTS	0	0	194.06
194.07	FOUNDATION	0	0	194.07
194.08	EMS SERVICES	0	0	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-50,034,660	266,012,352	200.00

Provider CCN: 260104

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

Worksheet A-6

Date/Time Prepared:
5/15/2012 2:15 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DEFAULT						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,715,361	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	2,182,758	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	12,250	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	998	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	1,119,067	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	263,186	6.00	
7.00	ANESTHESIOLOGY	53.00	467,200	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	257,244	150,946	8.00	
9.00	SUBPROVIDER - IPF	40.00	114,143	66,977	9.00	
10.00	OP PSYCH SERVICES	90.02	41,599	24,410	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,509,562	11.00	
12.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,999,237	12.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00	ADULTS & PEDIATRICS	30.00	2,029,148	0	26.00	
27.00	ADULTS & PEDIATRICS	30.00	0	180,524	27.00	
28.00	OTHER LONG TERM CARE	46.00	2,000,505	0	28.00	
29.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,169,040	29.00	
TOTALS			8,212,662	43,091,493		
500.00	Grand Total: Increases		8,212,662	43,091,493	500.00	

Provider CCN: 260104

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

Worksheet A-6
Date/Time Prepared:
5/15/2012 2:15 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEFAULT						
1.00	PHARMACY	15.00	0	9,715,361	0	1.00
2.00	PHARMACY	15.00	2,182,758	0	0	2.00
3.00	PATHOLOGY	60.02	0	12,250	0	3.00
4.00	PATHOLOGY	60.02	998	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	1,119,067	0	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	263,186	0	6.00
7.00	OPERATING ROOM	50.00	467,200	0	0	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	412,986	242,332	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
14.00	ADULTS & PEDIATRICS	30.00	0	622,590	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	1,126,493	0	15.00
16.00	NURSERY	43.00	0	37,503	0	16.00
17.00	OPERATING ROOM	50.00	0	22,681,899	0	17.00
18.00	RECOVERY ROOM	51.00	0	124,149	0	18.00
19.00	ANESTHESIOLOGY	53.00	0	373,079	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,994,096	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	248,788	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	4,670	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	14,147	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	2,595,835	0	24.00
25.00	EMERGENCY	91.00	0	685,551	0	25.00
26.00	SUBPROVIDER - IPF	40.00	2,029,148	0	0	26.00
27.00	SUBPROVIDER - IPF	40.00	0	180,524	0	27.00
28.00	OTHER LONG TERM CARE	46.00	0	2,000,505	0	28.00
29.00	INTEREST EXPENSE	113.00	0	1,169,040	11	29.00
TOTALS			6,212,157	45,091,998		
500.00	Grand Total: Decreases		6,212,157	45,091,998		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/15/2012 2:15 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,615,392	0	0	0	0	1.00
2.00	Land Improvements	3,644,315	147,622	0	147,622	0	2.00
3.00	Buildings and Fixtures	59,161,189	3,836,807	0	3,836,807	3,591,753	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	1,610,314	323,084	0	323,084	5,542	5.00
6.00	Movable Equipment	63,005,056	8,100,769	0	8,100,769	2,904,523	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,036,266	12,408,282	0	12,408,282	6,501,818	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,036,266	12,408,282	0	12,408,282	6,501,818	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,111,083	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	358,576	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	5,839,649	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,309,308	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	0	0	0	0.000000	0	1.01
2.00	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: 260104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/15/2012 2:15 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,615,392	0			1.00
2.00	Land Improvements	3,791,937	0			2.00
3.00	Buildings and Fixtures	59,406,243	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	1,927,856	0			5.00
6.00	Movable Equipment	68,201,302	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	142,942,730	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	142,942,730	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,111,083			1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	0	358,576			1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,839,649			2.00
3.00	Total (sum of lines 1-2)	0	9,309,308			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,489,251	0 1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	0	0	0	358,576	0 1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,559,021	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,406,848	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,489,251	1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE	0	0	0	0	358,576	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	1,169,040	0	0	0	9,728,061	2.00
3.00	Total (sum of lines 1-2)	1,169,040	0	0	0	13,575,888	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260104

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

Worksheet A-8

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - CAP REL COSTS-BLDG PARKING GARAGE (chapter 2)			OCAP REL COSTS-BLDG PARKING GARAGE	1.01	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP 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)	A	-17,562	ADMINISTRATIVE & GENERAL	5.00	7.00
8.00 Television and radio service (chapter 21)	A	-6,604	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,400,894			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	-20,404,628			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)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - CAP REL COSTS-BLDG PARKING GARAGE			OCAP REL COSTS-BLDG PARKING GARAGE	1.01	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP 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 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	33.00
33.01 GOODWILL	B	-744,333	RADIOLOGY-DIAGNOSTIC	54.00	33.01
33.02 MISC REVENUE	B	-10	EMPLOYEE BENEFITS	4.00	33.02
33.03 MISC REVENUE	B	-2,676,562	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04 MISC REVENUE	B	-199,222	OPERATION OF PLANT	7.00	33.04
33.05 MISC REVENUE	B	-775	LAUNDRY & LINEN SERVICE	8.00	33.05
33.06 MISC REVENUE	B	-212	HOUSEKEEPING	9.00	33.06
33.07 MISC REVENUE	B	-1,565,133	DIETARY	10.00	33.07
33.08 MISC REVENUE	B	-50	NURSING ADMINISTRATION	13.00	33.08
33.09 MISC REVENUE	B	-69,033	PHARMACY	15.00	33.09
33.10 MISC REVENUE	B	-18,430	MEDICAL RECORDS & LIBRARY	16.00	33.10
33.11 MISC REVENUE	B	38,713	ADULTS & PEDIATRICS	30.00	33.11
33.12 MISC REVENUE	B	-1,046	SUBPROVIDER - IPF	40.00	33.12
33.13 MISC REVENUE	B	-123,483	NURSERY	43.00	33.13
33.14 MISC REVENUE	B	-1,990	OPERATING ROOM	50.00	33.14
33.15 MISC REVENUE	B	-451,750	ANESTHESIOLOGY	53.00	33.15
33.16 MISC REVENUE	B	-172,290	RADIOLOGY-DIAGNOSTIC	54.00	33.16
33.17 MISC REVENUE	B	-99,820	RADIOLOGY-THERAPEUTIC	55.00	33.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 260104

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

Worksheet A-8

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
33.18	MI SC REVENUE	B	-324	LABORATORY	60.00	33.18
33.19	MI SC REVENUE	B	12,321	RESPIRATORY THERAPY	65.00	33.19
33.20	MI SC REVENUE	B	-2,446	ELECTROCARDIOLOGY	69.00	33.20
33.21	MI SC REVENUE	B	-10,343	SENIOR CLINIC	90.03	33.21
33.22	MI SC REVENUE	B	-39,258	BARITRICAL CLINIC	90.06	33.22
33.23	MI SC REVENUE	B	101	EMERGENCY	91.00	33.23
33.24	AUTO PERSONAL USE	A	-5,508	CAP REL COSTS-MVBLE EQUIP	2.00	33.24
33.25	NONMED TRANSPORTATION COST	A	-117,049	ADMINISTRATIVE & GENERAL	5.00	33.25
33.26	NONMED TRANSPORTATION COST	A	-295,852	ADULTS & PEDIATRICS	30.00	33.26
33.27	NONMED TRANSPORTATION COST	A	-44,265	SUBPROVIDER - I PF	40.00	33.27
33.28	NONMED TRANSPORTATION COST	A	-328,925	OP PSYCH SERVICES	90.02	33.28
33.29	NURSE PRACTITIONERS	A	-186,899	ADULTS & PEDIATRICS	30.00	33.29
33.30	NURSE PRACTITIONERS	A	-95,137	BARITRICAL CLINIC	90.06	33.30
33.31	A&G NONALLOWABLE	A	-662,680	ADMINISTRATIVE & GENERAL	5.00	33.31
33.32	FRA	A	-1,378,244	ADMINISTRATIVE & GENERAL	5.00	33.32
33.33	LOBBYING PORTION OF DUES	A	-18,792	ADMINISTRATIVE & GENERAL	5.00	33.33
33.34	BAD DEBTS	A	-14,131,000	ADMINISTRATIVE & GENERAL	5.00	33.34
33.35	ANNA HOUSE	A	31,408	CAP REL COSTS-MVBLE EQUIP	2.00	33.35
33.36	ANNA HOUSE	A	85,734	CAP REL COSTS-BLDG & FIXT	1.00	33.36
33.37	ANNA HOUSE	A	127,785	LAUNDRY & LINEN SERVICE	8.00	33.37
33.38	ANNA HOUSE	A	3,168,109	OTHER LONG TERM CARE	46.00	33.38
33.39	ADVERTISING	A	-2,081	ADMINISTRATIVE & GENERAL	5.00	33.39
33.40	ADVERTISING	A	-275	DIETARY	10.00	33.40
33.41	ADVERTISING	A	-7,620	ADULTS & PEDIATRICS	30.00	33.41
33.42	ADVERTISING	A	-25	INTENSIVE CARE UNIT	31.00	33.42
33.43	ADVERTISING	A	-379	SUBPROVIDER - I PF	40.00	33.43
33.44	ADVERTISING	A	-315	EMERGENCY	91.00	33.44
33.45	ENTERTAINMENT	A	-3,941	ADMINISTRATIVE & GENERAL	5.00	33.45
33.46	OTHER NONALLOWABLE	A	-19,574	ADMINISTRATIVE & GENERAL	5.00	33.46
33.47	OTHER NONALLOWABLE	A	-6,790	ADULTS & PEDIATRICS	30.00	33.47
33.48	DEPRE--CARRYFORWARD OF PY AUDIT ADJ	A	-81,015	CAP REL COSTS-BLDG & FIXT	1.00	33.48
34.00	GIFTS AND CONTRIBUTION	A	-86,072	ADMINISTRATIVE & GENERAL	5.00	34.00
34.01	GIFTS AND CONTRIBUTION	A	-25	NURSING ADMINISTRATION	13.00	34.01
34.02	GIFTS AND CONTRIBUTION	A	-18	MEDICAL RECORDS & LIBRARY	16.00	34.02
34.03	GIFTS AND CONTRIBUTION	A	-9,635	ADULTS & PEDIATRICS	30.00	34.03
34.04	GIFTS AND CONTRIBUTION	A	-1,039	INTENSIVE CARE UNIT	31.00	34.04
34.05	GIFTS AND CONTRIBUTION	A	-100	SUBPROVIDER - I PF	40.00	34.05
34.06	GIFTS AND CONTRIBUTION	A	-27	NURSERY	43.00	34.06
34.07	GIFTS AND CONTRIBUTION	A	-25	RECOVERY ROOM	51.00	34.07
34.08	GIFTS AND CONTRIBUTION	A	-4,002	RADIOLOGY-DIAGNOSTIC	54.00	34.08
34.09	GIFTS AND CONTRIBUTION	A	-104	RADIOISOTOPE	56.00	34.09
34.10	GIFTS AND CONTRIBUTION	A	-341	LABORATORY	60.00	34.10
34.11	GIFTS AND CONTRIBUTION	A	-383	ELECTROCARDIOLOGY	69.00	34.11
34.12	GIFTS AND CONTRIBUTION	A	-607	BARITRICAL CLINIC	90.06	34.12
34.13	GIFTS AND CONTRIBUTION	A	-3,889	EMERGENCY	91.00	34.13
34.14			0		0.00	34.14
34.15			0		0.00	34.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-50,034,660			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 260104

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

Worksheet A-8

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG PARKING GARAGE (chapter 2)	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG PARKING GARAGE	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33.01	GOODWILL	0	33.01
33.02	MISC REVENUE	0	33.02
33.03	MISC REVENUE	0	33.03
33.04	MISC REVENUE	0	33.04
33.05	MISC REVENUE	0	33.05
33.06	MISC REVENUE	0	33.06
33.07	MISC REVENUE	0	33.07
33.08	MISC REVENUE	0	33.08
33.09	MISC REVENUE	0	33.09
33.10	MISC REVENUE	0	33.10
33.11	MISC REVENUE	0	33.11
33.12	MISC REVENUE	0	33.12
33.13	MISC REVENUE	0	33.13
33.14	MISC REVENUE	0	33.14
33.15	MISC REVENUE	0	33.15
33.16	MISC REVENUE	0	33.16
33.17	MISC REVENUE	0	33.17
33.18	MISC REVENUE	0	33.18
33.19	MISC REVENUE	0	33.19
33.20	MISC REVENUE	0	33.20
33.21	MISC REVENUE	0	33.21
33.22	MISC REVENUE	0	33.22
33.23	MISC REVENUE	0	33.23

ADJUSTMENTS TO EXPENSES

Provider CCN: 260104

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

Worksheet A-8

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.24	AUTO PERSONAL USE	9	33.24
33.25	NONMED TRANSPORTATION COST	0	33.25
33.26	NONMED TRANSPORTATION COST	0	33.26
33.27	NONMED TRANSPORTATION COST	0	33.27
33.28	NONMED TRANSPORTATION COST	0	33.28
33.29	NURSE PRACTITIONERS	0	33.29
33.30	NURSE PRACTITIONERS	0	33.30
33.31	A&G NONALLOWABLE	0	33.31
33.32	FRA	0	33.32
33.33	LOBBYING PORTION OF DUES	0	33.33
33.34	BAD DEBTS	0	33.34
33.35	ANNA HOUSE	9	33.35
33.36	ANNA HOUSE	9	33.36
33.37	ANNA HOUSE	0	33.37
33.38	ANNA HOUSE	0	33.38
33.39	ADVERTISING	0	33.39
33.40	ADVERTISING	0	33.40
33.41	ADVERTISING	0	33.41
33.42	ADVERTISING	0	33.42
33.43	ADVERTISING	0	33.43
33.44	ADVERTISING	0	33.44
33.45	ENTERTAINMENT	0	33.45
33.46	OTHER NONALLOWABLE	0	33.46
33.47	OTHER NONALLOWABLE	0	33.47
33.48	DEPRE--CARRYFORWARD OF PY AUDIT ADJ	9	33.48
34.00	GI FTS AND CONTRIBUTION	0	34.00
34.01	GI FTS AND CONTRIBUTION	0	34.01
34.02	GI FTS AND CONTRIBUTION	0	34.02
34.03	GI FTS AND CONTRIBUTION	0	34.03
34.04	GI FTS AND CONTRIBUTION	0	34.04
34.05	GI FTS AND CONTRIBUTION	0	34.05
34.06	GI FTS AND CONTRIBUTION	0	34.06
34.07	GI FTS AND CONTRIBUTION	0	34.07
34.08	GI FTS AND CONTRIBUTION	0	34.08
34.09	GI FTS AND CONTRIBUTION	0	34.09
34.10	GI FTS AND CONTRIBUTION	0	34.10
34.11	GI FTS AND CONTRIBUTION	0	34.11
34.12	GI FTS AND CONTRIBUTION	0	34.12
34.13	GI FTS AND CONTRIBUTION	0	34.13
34.14		0	34.14
34.15		0	34.15
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	0	50.00

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

Provider CCN: 260104

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

Worksheet A-8-1

Date/Time Prepared:
5/15/2012 2:15 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4.00
4.01	7.00	OPERATION OF PLANT	HOME OFFICE CES	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	HOME OFFICE	4.02
4.03	113.00	INTEREST EXPENSE	HOME OFFICE INTEREST	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE BOND EXPENSE	4.04
4.05	4.00	EMPLOYEE BENEFITS	OTHER INTERCOMPANY	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	OTHER INTERCO	4.06
4.07	13.00	NURSING ADMINISTRATION	OTHER INTERCO	4.07
4.08	30.00	ADULTS & PEDIATRICS	OTHER INTERCO	4.08
4.09	50.00	OPERATING ROOM	OTHER INTERCO	4.09
4.10	55.00	RADIOLOGY-THERAPEUTIC	OTHER INTERCO	4.10
4.11	69.00	ELECTROCARDIOLOGY		4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 260104

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

Worksheet A-8-1

Date/Time Prepared: 5/15/2012 2:15 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	4.00	5.00	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	13,941,522	23,118,261	-9,176,739	0	1.00	
2.00	373,449	0	373,449	9	2.00	
3.00	2,693,472	0	2,693,472	9	3.00	
4.00	8,648,275	21,745,370	-13,097,095	0	4.00	
4.01	0	1,012,767	-1,012,767	0	4.01	
4.02	-184,948	0	-184,948	0	4.02	
4.03	1,169,040	1,169,040	0	11	4.03	
4.04	228,914	228,914	0	0	4.04	
4.05	453,903	453,903	0	0	4.05	
4.06	3,599,172	3,599,172	0	0	4.06	
4.07	70,009	70,009	0	0	4.07	
4.08	12,646	12,646	0	0	4.08	
4.09	251,024	251,024	0	0	4.09	
4.10	20,960	20,960	0	0	4.10	
4.11	27,442	27,442	0	0	4.11	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	31,304,880	51,709,508	-20,404,628		5.00

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

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

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

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

6.00		FRAN SISTERS SM	0.00	HOME OFFICE	6.00
7.00		FRAN SISTERS SM	0.00	ST. LOUIS NETWO	7.00
8.00		FRAN SISTERS SM	0.00	SSM HOSPITALS	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: 260104

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

Worksheet A-8-2

Date/Time Prepared:
5/15/2012 2:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	14,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	485,467	-9,459	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	800	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,041,525	1,689,232	4.00
5.00	31.00	INTENSIVE CARE UNIT	999,996	999,996	5.00
6.00	40.00	SUBPROVIDER - IPF	30,698	0	6.00
7.00	50.00	OPERATING ROOM	13,900	0	7.00
8.00	51.00	RECOVERY ROOM	68,472	0	8.00
9.00	53.00	ANESTHESIOLOGY	2,576,390	2,524,355	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	4,375	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	5,600	5,600	11.00
12.00	60.00	LABORATORY	175,600	162,500	12.00
13.00	65.00	RESPIRATORY THERAPY	108,774	99,184	13.00
14.00	69.00	ELECTROCARDIOLOGY	1,298,018	1,059,736	14.00
15.00	74.00	RENAL DIALYSIS	7,071	0	15.00
16.00	90.00	CLINIC	369,047	365,537	16.00
17.00	90.02	OP PSYCH SERVICES	9,750	0	17.00
18.00	90.05	SLEEP LAB	2,561	0	18.00
19.00	90.06	BARIATRIC CLINIC	1,206,663	1,206,663	19.00
20.00	91.00	EMERGENCY	1,154,299	847,902	20.00
200.00			10,573,406	8,951,246	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260104

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

Worksheet A-8-2

Date/Time Prepared:
5/15/2012 2:15 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	14,400	177,200	144	12,268	613	1.00
2.00	494,926	177,200	4,684	399,041	19,952	2.00
3.00	800	177,200	8	682	34	3.00
4.00	352,293	138,700	3,612	240,858	12,043	4.00
5.00	0	0	0	0	0	5.00
6.00	30,698	154,100	307	22,745	1,137	6.00
7.00	13,900	208,000	139	13,900	695	7.00
8.00	68,472	177,200	580	49,412	2,471	8.00
9.00	52,034	200,300	376	36,208	1,810	9.00
10.00	4,375	225,300	44	4,766	238	10.00
11.00	0	0	0	0	0	11.00
12.00	13,100	215,700	131	13,585	679	12.00
13.00	9,590	177,200	96	8,178	409	13.00
14.00	238,282	225,300	2,116	229,199	11,460	14.00
15.00	7,071	177,200	63	5,367	268	15.00
16.00	3,510	177,200	35	2,982	149	16.00
17.00	9,750	154,100	98	7,260	363	17.00
18.00	2,561	177,200	13	1,108	55	18.00
19.00	0	0	0	0	0	19.00
20.00	306,397	177,200	1,477	125,829	6,291	20.00
200.00	1,622,159		13,923	1,173,388	58,667	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260104

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

Worksheet A-8-2

Date/Time Prepared:
5/15/2012 2:15 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	12,268	1.00
2.00	0	0	0	0	399,041	2.00
3.00	0	0	0	0	682	3.00
4.00	0	0	0	0	240,858	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	22,745	6.00
7.00	0	0	0	0	13,900	7.00
8.00	0	0	0	0	49,412	8.00
9.00	0	0	0	0	36,208	9.00
10.00	0	0	0	0	4,766	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	13,585	12.00
13.00	0	0	0	0	8,178	13.00
14.00	0	0	0	0	229,199	14.00
15.00	0	0	0	0	5,367	15.00
16.00	0	0	0	0	2,982	16.00
17.00	0	0	0	0	7,260	17.00
18.00	0	0	0	0	1,108	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	125,829	20.00
200.00	0	0	0	0	1,173,388	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260104

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

Worksheet A-8-2

Date/Time Prepared:
5/15/2012 2:15 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	2,132	2,132	1.00
2.00	95,885	86,426	2.00
3.00	118	118	3.00
4.00	111,435	1,800,667	4.00
5.00	0	999,996	5.00
6.00	7,953	7,953	6.00
7.00	0	0	7.00
8.00	19,060	19,060	8.00
9.00	15,826	2,540,182	9.00
10.00	0	0	10.00
11.00	0	5,600	11.00
12.00	0	162,500	12.00
13.00	1,412	100,596	13.00
14.00	9,083	1,068,819	14.00
15.00	1,704	1,704	15.00
16.00	528	366,065	16.00
17.00	2,490	2,490	17.00
18.00	1,453	1,453	18.00
19.00	0	1,206,663	19.00
20.00	180,568	1,028,470	20.00
200.00	449,647	9,400,894	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		BLDG & FIXT	BLDG PARKING GARAGE	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	3,489,251	3,489,251				1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE	358,576	0	358,576			1.01
2.00 CAP REL COSTS-MVBLE EQUIP	9,728,061			9,728,061		2.00
4.00 EMPLOYEE BENEFITS	25,883,283		344,233	0	26,258,642	4.00
5.00 ADMINISTRATIVE & GENERAL	44,296,560	501,813	0	1,033,290	3,770,716	5.00
7.00 OPERATION OF PLANT	11,417,981	301,501	0	189,209	470,238	7.00
8.00 LAUNDRY & LINEN SERVICE	1,201,230	9,952	0	0	38,157	8.00
9.00 HOUSEKEEPING	3,880,278	8,191	0	20,129	578,048	9.00
10.00 DIETARY	4,634,110	87,451	0	120,590	706,194	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	2,942,812	1,575	0	11,734	681,988	13.00
14.00 CENTRAL SERVICES & SUPPLY	898,217	102,985	0	10,040	127,827	14.00
15.00 PHARMACY	9,470,587	12,566	0	653	826,195	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,038,440	25,534	0	1,484	323,567	16.00
17.00 SOCIAL SERVICE	360,614	5,745	0	0	89,677	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	554,397	0	0	0	106,984	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	29,400,893	879,787	0	765,333	6,907,276	30.00
31.00 INTENSIVE CARE UNIT	7,685,639	110,065	0	343,285	1,813,461	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	3,731,759	109,658	0	22,206	819,672	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	879,130	10,053	0	32,135	246,212	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	3,168,109	173,173	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,372,141	232,916	0	1,281,231	1,431,395	50.00
51.00 RECOVERY ROOM	2,289,311	0	0	11,849	535,907	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,382,253	121,904	0	258,027	278,726	52.00
53.00 ANESTHESIOLOGY	786,742	3,629	0	320,952	25,884	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,967,510	110,807	0	2,050,702	1,545,534	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,904,288	73,836	0	1,451,845	322,594	55.00
56.00 RADIOISOTOPE	1,316,496	7,181	0	96,497	88,181	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	4,999,906	79,882	0	8,414	459,769	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	698,430	16,755	0	15,957	29,194	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	1,937,115	3,830	0	8,219	128,080	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	2,830,462	22,188	0	293,883	538,522	65.00
66.00 PHYSICAL THERAPY	1,085,974	23,931	0	585	0	66.00
67.00 OCCUPATIONAL THERAPY	273,663	19,000	0	0	0	67.00
68.00 SPEECH PATHOLOGY	143,077	311	0	12,311	0	68.00
69.00 ELECTROCARDIOLOGY	2,763,460	40,437	0	936,649	552,720	69.00
69.01 CARDIAC	465,129	21,097	0	4,519	111,784	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	108,216	2,872	0	3,535	21,883	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,324,614	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	17,999,237	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,898,119	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,062,683	7,094	0	16,409	1,660	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		BLDG & FIXT	BLDG PARKING GARAGE	MVBLE EQUIP		
		1.00	1.01	2.00		
90.00 CLINIC	9,566	2,044	0	42,343	72,119	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	641,186	16,755	0	0	146,327	90.02
90.03 SENIOR CLINIC	1,092,165	0	0	3,886	186,189	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	191,216	0	0	0	46,868	90.04
90.05 SLEEP LAB	725,224	10,532	0	4,616	593	90.05
90.06 BARIATRIC CLINIC	1,345,799	0	0	8,154	558,128	90.06
91.00 EMERGENCY	6,469,117	131,123	14,343	331,730	1,558,639	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	265,103,026	3,319,299	358,576	9,712,401	26,146,908	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,448	7,521	0	0	7,386	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 HEALTHSTYLES INSTITUTE	264,638	0	0	12,199	48,554	194.00
194.01 RETAIL PHARMACY	297	0	0	0	0	194.01
194.02 WELLNESS CENTER	50,536	30,776	0	3,413	12,065	194.02
194.03 ELIZABETH HOUSE	0	125,403	0	0	0	194.03
194.04 HMR WEIGHT LOSS	536,407	0	0	48	43,729	194.04
194.05 PHYSICIAN OP CATH LAB	0	6,252	0	0	0	194.05
194.06 ALL SAINTS	0	0	0	0	0	194.06
194.07 FOUNDATION	0	0	0	0	0	194.07
194.08 EMS SERVICES	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	266,012,352	3,489,251	358,576	9,728,061	26,258,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	49,602,379	49,602,379				5.00
7.00	OPERATION OF PLANT	12,378,929	2,837,325	15,216,254			7.00
8.00	LAUNDRY & LINEN SERVICE	1,249,339	286,356	57,043	1,592,738		8.00
9.00	HOUSEKEEPING	4,486,646	1,028,366	46,946	0	5,561,958	9.00
10.00	DIETARY	5,548,345	1,271,714	501,231	0	184,474	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	3,638,109	833,876	9,027	0	3,322	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,139,069	261,081	590,266	0	217,243	14.00
15.00	PHARMACY	10,310,001	2,363,114	72,024	0	26,508	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,389,025	547,579	146,352	0	53,864	16.00
17.00	SOCIAL SERVICE	456,036	104,526	32,925	0	12,118	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	661,381	151,592	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	37,953,289	8,699,038	5,042,569	771,559	1,855,883	30.00
31.00	INTENSIVE CARE UNIT	9,952,450	2,281,161	630,846	156,105	232,178	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	4,683,295	1,073,439	628,514	41,985	231,320	40.00
41.00	SUBPROVIDER - IRF	0	0	0	9,206	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,167,530	267,605	57,619	15,243	21,206	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	3,341,282	765,842	992,556	0	365,303	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	12,317,683	2,823,287	1,334,978	105,312	491,329	50.00
51.00	RECOVERY ROOM	2,837,067	650,273	0	18,921	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,040,910	467,789	698,699	0	257,151	52.00
53.00	ANESTHESIOLOGY	1,137,207	260,655	20,798	3,823	7,654	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,674,553	3,592,702	635,099	18,826	233,743	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,752,563	860,110	423,198	67,532	155,755	55.00
56.00	RADIOISOTOPE	1,508,355	345,724	41,156	0	15,147	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	5,547,971	1,271,628	457,852	0	168,509	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	PATHOLOGY	760,336	174,274	96,032	0	35,344	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	2,077,244	476,117	21,950	0	8,079	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	3,685,055	844,637	127,173	0	46,805	65.00
66.00	PHYSICAL THERAPY	1,110,490	254,531	137,161	0	50,481	66.00
67.00	OCCUPATIONAL THERAPY	292,663	67,080	108,900	0	40,080	67.00
68.00	SPEECH PATHOLOGY	155,699	35,687	1,783	0	656	68.00
69.00	ELECTROCARDIOLOGY	4,293,266	984,042	231,766	149,399	85,300	69.00
69.01	CARDIAC	602,529	138,103	120,918	1,211	44,503	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	136,506	31,288	16,463	0	6,059	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,324,614	3,054,081	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,999,237	4,125,533	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,898,119	2,727,120	0	0	0	73.00
74.00	RENAL DIALYSIS	1,087,846	249,341	40,663	0	14,966	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	126,072	28,896	11,716	3,345	4,312	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	804,268	184,343	96,032	46,708	35,344	90.02
90.03	SENIOR CLINIC	1,282,240	293,897	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	238,084	54,570	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
90.05	SLEEP LAB	740,965	169,834	60,363	0	22,216	90.05
90.06	BARIATRIC CLINIC	1,912,081	438,260	0	0	0	90.06
91.00	EMERGENCY	8,504,952	1,949,386	751,544	183,563	276,600	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	264,805,680	49,325,802	14,242,162	1,592,738	5,203,452	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,355	16,584	43,105	0	15,864	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	325,391	74,582	0	0	0	194.00
194.01	RETAIL PHARMACY	297	68	0	0	0	194.01
194.02	WELLNESS CENTER	96,790	22,185	176,397	0	64,921	194.02
194.03	ELIZABETH HOUSE	125,403	28,743	718,756	0	264,533	194.03
194.04	HMR WEIGHT LOSS	580,184	132,982	0	0	0	194.04
194.05	PHYSICIAN OP CATH LAB	6,252	1,433	35,834	0	13,188	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	266,012,352	49,602,379	15,216,254	1,592,738	5,561,958	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
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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	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	7,505,764					10.00
11.00 CAFETERIA	4,445,578	4,445,578				11.00
13.00 NURSING ADMINISTRATION	0	205,710	4,690,044			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	47,410	0	2,255,069		14.00
15.00 PHARMACY	0	130,261	0	0	12,901,908	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	104,093	0	0	0	16.00
17.00 SOCIAL SERVICE	0	20,385	24	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	30,309	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,375,177	1,616,779	2,429,248	94,267	1,616	30.00
31.00 INTENSIVE CARE UNIT	408,131	373,148	634,535	13,288	318	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	276,878	123,446	231,085	4,133	5	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	44,026	72,966	19	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	279,381	274,481	45,565	4,567	50.00
51.00 RECOVERY ROOM	0	101,510	162,991	1,749	44	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	53,751	86,075	0	0	52.00
53.00 ANESTHESIOLOGY	0	6,248	10,509	4,042	358	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	334,086	112,638	5,594	1	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	52,287	13,694	407	0	55.00
56.00 RADIOISOTOPE	0	14,634	0	524	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	97,162	0	11,139	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	0	10,823	0	884	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	29,200	121	1,730	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	112,620	4,173	0	1,538	65.00
66.00 PHYSICAL THERAPY	0	0	0	15	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	3	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	13	0	68.00
69.00 ELECTROCARDIOLOGY	0	104,485	75,650	1,162	1,815	69.00
69.01 CARDIAC	0	19,029	24,872	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	5,312	6,695	1,102	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	875,312	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,166,208	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	6,767	12,891,536	73.00
74.00 RENAL DIALYSIS	0	67	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	15,707	6,342	283	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	0	33,692	5,963	12	0	90.02
90.03 SENIOR CLINIC	0	37,281	59,052	7,659	1	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

Worksheet B
Part I
Date/Time Prepared:
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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	
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	10,225	5,228	15	0	90.04
90.05	SLEEP LAB	0	7	0	1	0	90.05
90.06	BARIATRIC CLINIC	0	56,814	14,981	176	0	90.06
91.00	EMERGENCY	0	339,115	453,240	12,980	109	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,505,764	4,409,003	4,684,563	2,255,049	12,901,908	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,413	0	2	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	19,779	0	0	0	194.00
194.01	RETAIL PHARMACY	0	0	0	7	0	194.01
194.02	WELLNESS CENTER	0	3,377	178	8	0	194.02
194.03	ELIZABETH HOUSE	0	0	0	0	0	194.03
194.04	HMR WEIGHT LOSS	0	10,006	5,303	3	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,505,764	4,445,578	4,690,044	2,255,069	12,901,908	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	3,240,913					16.00
17.00 SOCIAL SERVICE	0	626,014				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	439,491	472,218	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	122,680	80,825	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	40,660	54,452	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	16,292	18,519	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	308,621	0	0	0	0	50.00
51.00 RECOVERY ROOM	45,479	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	24,934	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	69,792	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	524,071	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	70,870	0	0	0	0	55.00
56.00 RADIOISOTOPE	36,198	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	297,197	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	17,387	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	32,693	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	82,037	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	16,834	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	4,757	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	4,034	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	200,059	0	0	0	0	69.00
69.01 CARDIAC	2,783	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	1,834	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	63,756	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	96,117	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	396,228	0	0	0	0	73.00
74.00 RENAL DIALYSIS	13,372	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	8,795	0	0	0	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

Period:
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To 12/31/2011

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	16.00	17.00	18.00	19.00	20.00	
90.02 OP PSYCH SERVICES	18,353	0	0	0	0	90.02
90.03 SENIOR CLINIC	14,361	0	0	0	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	3,744	0	0	0	0	90.04
90.05 SLEEP LAB	16,410	0	0	0	0	90.05
90.06 BARIATRIC CLINIC	2,148	0	0	0	0	90.06
91.00 EMERGENCY	248,926	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,240,913	626,014	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 HEALTHSTYLES INSTITUTE	0	0	0	0	0	194.00
194.01 RETAIL PHARMACY	0	0	0	0	0	194.01
194.02 WELLNESS CENTER	0	0	0	0	0	194.02
194.03 ELIZABETH HOUSE	0	0	0	0	0	194.03
194.04 HMR WEIGHT LOSS	0	0	0	0	0	194.04
194.05 PHYSICIAN OP CATH LAB	0	0	0	0	0	194.05
194.06 ALL SAINTS	0	0	0	0	0	194.06
194.07 FOUNDATION	0	0	0	0	0	194.07
194.08 EMS SERVICES	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,240,913	626,014	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

Period:
From 01/01/2011
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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
18.00 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	843,282					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	795,549	0	0	62,546,683	-795,549	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	14,885,665	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	7,389,212	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	9,206	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	1,681,025	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	5,464,983	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	24,334	0	0	18,009,538	-24,334	50.00
51.00 RECOVERY ROOM	0	0	0	3,818,034	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	3,629,309	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	1,521,086	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	21,131,313	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	5,396,416	0	55.00
56.00 RADIOISOTOPE	0	0	0	1,961,738	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	7,851,458	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	0	0	0	1,095,080	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	2,647,134	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	4,904,038	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	1,569,512	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	513,483	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	197,872	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	6,126,944	0	69.00
69.01 CARDIAC	0	0	0	953,948	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	0	0	205,259	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,317,763	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,387,095	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	27,919,770	0	73.00
74.00 RENAL DIALYSIS	0	0	0	1,406,255	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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				
90.00 CLINIC	0	0	0	205,468	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	0	0	0	1,224,715	0	90.02
90.03 SENIOR CLINIC	0	0	0	1,694,491	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	0	311,866	0	90.04
90.05 SLEEP LAB	0	0	0	1,009,796	0	90.05
90.06 BARIATRIC CLINIC	0	0	0	2,424,460	0	90.06
91.00 EMERGENCY	23,399	0	0	12,743,814	-23,399	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	843,282	0	0	263,154,429	-843,282	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	151,323	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 HEALTHSTYLES INSTITUTE	0	0	0	419,752	0	194.00
194.01 RETAIL PHARMACY	0	0	0	372	0	194.01
194.02 WELLNESS CENTER	0	0	0	363,856	0	194.02
194.03 ELIZABETH HOUSE	0	0	0	1,137,435	0	194.03
194.04 HMR WEIGHT LOSS	0	0	0	728,478	0	194.04
194.05 PHYSICIAN OP CATH LAB	0	0	0	56,707	0	194.05
194.06 ALL SAINTS	0	0	0	0	0	194.06
194.07 FOUNDATION	0	0	0	0	0	194.07
194.08 EMS SERVICES	0	0	0	0	0	194.08
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)	843,282	0	0	266,012,352	-843,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

Period:
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To 12/31/2011

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE		1.01
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
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
18.00	OTHER GENERAL SERVICE (SPECIFY)		18.00
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-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	61,751,134	30.00
31.00	INTENSIVE CARE UNIT	14,885,665	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	SUBPROVIDER - 1 PF	7,389,212	40.00
41.00	SUBPROVIDER - 1RF	9,206	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	1,681,025	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	5,464,983	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	17,985,204	50.00
51.00	RECOVERY ROOM	3,818,034	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,629,309	52.00
53.00	ANESTHESIOLOGY	1,521,086	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,131,313	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,396,416	55.00
56.00	RADIOISOTOPE	1,961,738	56.00
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	7,851,458	60.00
60.01	BLOOD LABORATORY	0	60.01
60.02	PATHOLOGY	1,095,080	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,647,134	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	4,904,038	65.00
66.00	PHYSICAL THERAPY	1,569,512	66.00
67.00	OCCUPATIONAL THERAPY	513,483	67.00
68.00	SPEECH PATHOLOGY	197,872	68.00
69.00	ELECTROCARDIOLOGY	6,126,944	69.00
69.01	CARDIAC	953,948	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	ELECTROSHOCK THERAPY	205,259	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,317,763	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,387,095	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,919,770	73.00
74.00	RENAL DIALYSIS	1,406,255	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	205,468	90.00
90.01	CARDIO PULMONARY REHAB	0	90.01
90.02	OP PSYCH SERVICES	1,224,715	90.02
90.03	SENIOR CLINIC	1,694,491	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	311,866	90.04
90.05	SLEEP LAB	1,009,796	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260104

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

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Cost Center Description		Total	
		26.00	
90.06	BARIATRIC CLINIC	2,424,460	90.06
91.00	EMERGENCY	12,720,415	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	262,311,147	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	151,323	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	HEALTHSTYLES INSTITUTE	419,752	194.00
194.01	RETAIL PHARMACY	372	194.01
194.02	WELLNESS CENTER	363,856	194.02
194.03	ELIZABETH HOUSE	1,137,435	194.03
194.04	HMR WEIGHT LOSS	728,478	194.04
194.05	PHYSICIAN OP CATH LAB	56,707	194.05
194.06	ALL SAINTS	0	194.06
194.07	FOUNDATION	0	194.07
194.08	EMS SERVICES	0	194.08
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	265,169,070	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260104

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	
		BLDG & FIXT	BLDG PARKING GARAGE	MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE					1.01
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	31,126	344,233	0	375,359
5.00	ADMINISTRATIVE & GENERAL	4,140,092	501,813	0	1,033,290	5,675,195
7.00	OPERATION OF PLANT	17,708	301,501	0	189,209	508,418
8.00	LAUNDRY & LINEN SERVICE	0	9,952	0	0	9,952
9.00	HOUSEKEEPING	0	8,191	0	20,129	28,320
10.00	DIETARY	4,686	87,451	0	120,590	212,727
11.00	CAFETERIA	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	1,575	0	11,734	13,309
14.00	CENTRAL SERVICES & SUPPLY	499,728	102,985	0	10,040	612,753
15.00	PHARMACY	364,703	12,566	0	653	377,922
16.00	MEDICAL RECORDS & LIBRARY	3,886	25,534	0	1,484	30,904
17.00	SOCIAL SERVICE	0	5,745	0	0	5,745
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	24,054	0	0	0	24,054
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	253,050	879,787	0	765,333	1,898,170
31.00	INTENSIVE CARE UNIT	72,856	110,065	0	343,285	526,206
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	18,024	109,658	0	22,206	149,888
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	152	10,053	0	32,135	42,340
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	173,173	0	0	173,173
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	491,404	232,916	0	1,281,231	2,005,551
51.00	RECOVERY ROOM	75,863	0	0	11,849	87,712
52.00	DELIVERY ROOM & LABOR ROOM	0	121,904	0	258,027	379,931
53.00	ANESTHESIOLOGY	111,396	3,629	0	320,952	435,977
54.00	RADIOLOGY-DIAGNOSTIC	555,466	110,807	0	2,050,702	2,716,975
55.00	RADIOLOGY-THERAPEUTIC	184,176	73,836	0	1,451,845	1,709,857
56.00	RADIOISOTOPE	20,591	7,181	0	96,497	124,269
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	164,485	79,882	0	8,414	252,781
60.01	BLOOD LABORATORY	0	0	0	0	0
60.02	PATHOLOGY	0	16,755	0	15,957	32,712
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,762	3,830	0	8,219	31,811
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	33,867	22,188	0	293,883	349,938
66.00	PHYSICAL THERAPY	2,603	23,931	0	585	27,119
67.00	OCCUPATIONAL THERAPY	0	19,000	0	0	19,000
68.00	SPEECH PATHOLOGY	0	311	0	12,311	12,622
69.00	ELECTROCARDIOLOGY	149,085	40,437	0	936,649	1,126,171
69.01	CARDIAC	0	21,097	0	4,519	25,616
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	ELECTROSHOCK THERAPY	523	2,872	0	3,535	6,930
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	7,094	0	16,409	23,503
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	63,643	2,044	0	42,343	108,030

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260104

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

Worksheet B
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	BLDG PARKING GARAGE	MVBLE EQUIP		
		1.00	1.01	2.00		
90.01	CARDIO PULMONARY REHAB	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	591	16,755	0	17,346	90.02
90.03	SENIOR CLINIC	204,139	0	3,886	208,025	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	90.04
90.05	SLEEP LAB	83,739	10,532	4,616	98,887	90.05
90.06	BARIATRIC CLINIC	83,247	0	8,154	91,401	90.06
91.00	EMERGENCY	11,635	131,123	14,343	488,831	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,655,154	3,319,299	358,576	9,712,401	21,045,430
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	7,521	0	7,526	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	128	0	12,199	12,327	194.00
194.01	RETAIL PHARMACY	0	0	0	0	194.01
194.02	WELLNESS CENTER	1,301	30,776	3,413	35,490	194.02
194.03	ELIZABETH HOUSE	0	125,403	0	125,403	194.03
194.04	HMR WEIGHT LOSS	2,411	0	48	2,459	194.04
194.05	PHYSICIAN OP CATH LAB	0	6,252	0	6,252	194.05
194.06	ALL SAINTS	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	194.08
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,658,999	3,489,251	358,576	9,728,061	21,234,887

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	4.00	5.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	375,359					4.00
5.00	ADMINISTRATIVE & GENERAL	53,895	5,729,090				5.00
7.00	OPERATION OF PLANT	6,721	327,707	842,846			7.00
8.00	LAUNDRY & LINEN SERVICE	545	33,074	3,160	46,731		8.00
9.00	HOUSEKEEPING	8,262	118,775	2,600	0	157,957	9.00
10.00	DIETARY	10,094	146,881	27,764	0	5,239	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	9,748	96,312	500	0	94	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,827	30,155	32,696	0	6,170	14.00
15.00	PHARMACY	11,809	272,937	3,989	0	753	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,625	63,245	8,107	0	1,530	16.00
17.00	SOCIAL SERVICE	1,282	12,073	1,824	0	344	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	1,529	17,509	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	98,767	1,004,801	279,312	22,639	52,706	30.00
31.00	INTENSIVE CARE UNIT	25,920	263,471	34,943	4,580	6,594	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	11,716	123,981	34,814	1,232	6,569	40.00
41.00	SUBPROVIDER - IRF	0	0	0	270	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	3,519	30,908	3,192	447	602	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	88,454	54,979	0	10,374	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	20,459	326,086	73,946	3,090	13,954	50.00
51.00	RECOVERY ROOM	7,660	75,106	0	555	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	3,984	54,029	38,702	0	7,303	52.00
53.00	ANESTHESIOLOGY	370	30,105	1,152	112	217	53.00
54.00	RADIOLOGY-DIAGNOSTIC	22,091	414,952	35,179	552	6,638	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,611	99,342	23,441	1,981	4,423	55.00
56.00	RADIOISOTOPE	1,260	39,931	2,280	0	430	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	6,572	146,871	25,361	0	4,786	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	PATHOLOGY	417	20,128	5,319	0	1,004	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,831	54,991	1,216	0	229	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	7,697	97,554	7,044	0	1,329	65.00
66.00	PHYSICAL THERAPY	0	29,398	7,597	0	1,434	66.00
67.00	OCCUPATIONAL THERAPY	0	7,748	6,032	0	1,138	67.00
68.00	SPEECH PATHOLOGY	0	4,122	99	0	19	68.00
69.00	ELECTROCARDIOLOGY	7,900	113,656	12,838	4,383	2,422	69.00
69.01	CARDIAC	1,598	15,951	6,698	36	1,264	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	313	3,614	912	0	172	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	352,743	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	476,494	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	314,979	0	0	0	73.00
74.00	RENAL DIALYSIS	24	28,799	2,252	0	425	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,031	3,338	649	98	122	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	2,091	21,291	5,319	1,370	1,004	90.02
90.03	SENIOR CLINIC	2,661	33,945	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	670	6,303	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260104

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

Worksheet B
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
90.05	SLEEP LAB	8	19,616	3,344	0	631	90.05
90.06	BARIATRIC CLINIC	7,977	50,619	0	0	0	90.06
91.00	EMERGENCY	22,278	225,152	41,629	5,386	7,855	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	373,762	5,697,146	788,889	46,731	147,774	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106	1,915	2,388	0	451	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	694	8,614	0	0	0	194.00
194.01	RETAIL PHARMACY	0	8	0	0	0	194.01
194.02	WELLNESS CENTER	172	2,562	9,771	0	1,844	194.02
194.03	ELIZABETH HOUSE	0	3,320	39,813	0	7,513	194.03
194.04	HMR WEIGHT LOSS	625	15,359	0	0	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	166	1,985	0	375	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	375,359	5,729,090	842,846	46,731	157,957	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	402,705					10.00
11.00	CAFETERIA	238,518	238,518				11.00
13.00	NURSING ADMINISTRATION	0	11,037	131,000			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,544	0	686,145		14.00
15.00	PHARMACY	0	6,989	0	0	674,399	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,585	0	0	0	16.00
17.00	SOCIAL SERVICE	0	1,094	1	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	1,626	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	127,435	86,743	67,851	28,682	84	30.00
31.00	INTENSIVE CARE UNIT	21,897	20,021	17,724	4,043	17	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	14,855	6,623	6,455	1,258	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	2,362	2,038	6	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	14,990	7,667	13,864	239	50.00
51.00	RECOVERY ROOM	0	5,446	4,553	532	2	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,884	2,404	0	0	52.00
53.00	ANESTHESIOLOGY	0	335	294	1,230	19	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,925	3,146	1,702	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,805	382	124	0	55.00
56.00	RADIOISOTOPE	0	785	0	159	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	5,213	0	3,389	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	PATHOLOGY	0	581	0	269	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	1,567	3	526	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	6,042	117	0	80	65.00
66.00	PHYSICAL THERAPY	0	0	0	5	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	4	0	68.00
69.00	ELECTROCARDIOLOGY	0	5,606	2,113	354	95	69.00
69.01	CARDIAC	0	1,021	695	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0	285	187	335	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	266,328	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	354,842	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	2,059	673,857	73.00
74.00	RENAL DIALYSIS	0	4	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	843	177	86	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	0	1,808	167	4	0	90.02
90.03	SENIOR CLINIC	0	2,000	1,649	2,330	0	90.03

ALLOCATION OF CAPITAL RELATED 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	
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	549	146	5	0	90.04
90.05	SLEEP LAB	0	0	0	0	0	90.05
90.06	BARIATRIC CLINIC	0	3,048	418	53	0	90.06
91.00	EMERGENCY	0	18,195	12,660	3,949	6	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	402,705	236,556	130,847	686,139	674,399	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	183	0	1	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	1,061	0	0	0	194.00
194.01	RETAIL PHARMACY	0	0	0	2	0	194.01
194.02	WELLNESS CENTER	0	181	5	2	0	194.02
194.03	ELIZABETH HOUSE	0	0	0	0	0	194.03
194.04	HMR WEIGHT LOSS	0	537	148	1	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	402,705	238,518	131,000	686,145	674,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	113,996					16.00
17.00 SOCIAL SERVICE	0	22,363				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	15,481	16,869	0			30.00
31.00 INTENSIVE CARE UNIT	4,322	2,887	0			31.00
32.00 CORONARY CARE UNIT	0	0	0			32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00 SUBPROVIDER - IPF	1,432	1,945	0			40.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
43.00 NURSERY	574	662	0			43.00
44.00 SKILLED NURSING FACILITY	0	0	0			44.00
45.00 NURSING FACILITY	0	0	0			45.00
46.00 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,871	0	0			50.00
51.00 RECOVERY ROOM	1,602	0	0			51.00
52.00 DELIVERY ROOM & LABOR ROOM	878	0	0			52.00
53.00 ANESTHESIOLOGY	2,458	0	0			53.00
54.00 RADIOLOGY-DIAGNOSTIC	18,294	0	0			54.00
55.00 RADIOLOGY-THERAPEUTIC	2,496	0	0			55.00
56.00 RADIOISOTOPE	1,275	0	0			56.00
57.00 CT SCAN	0	0	0			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 LABORATORY	10,469	0	0			60.00
60.01 BLOOD LABORATORY	0	0	0			60.01
60.02 PATHOLOGY	612	0	0			60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,152	0	0			62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00 INTRAVENOUS THERAPY	0	0	0			64.00
65.00 RESPIRATORY THERAPY	2,890	0	0			65.00
66.00 PHYSICAL THERAPY	593	0	0			66.00
67.00 OCCUPATIONAL THERAPY	168	0	0			67.00
68.00 SPEECH PATHOLOGY	142	0	0			68.00
69.00 ELECTROCARDIOLOGY	7,047	0	0			69.00
69.01 CARDIAC	98	0	0			69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
70.01 ELECTROSHOCK THERAPY	65	0	0			70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,246	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,386	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	13,957	0	0			73.00
74.00 RENAL DIALYSIS	471	0	0			74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	310	0	0			90.00
90.01 CARDIO PULMONARY REHAB	0	0	0			90.01

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	16.00	17.00	18.00	19.00	20.00	
90.02 OP PSYCH SERVICES	646	0	0	0		90.02
90.03 SENIOR CLINIC	506	0	0	0		90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	132	0	0	0		90.04
90.05 SLEEP LAB	578	0	0	0		90.05
90.06 BARIATRIC CLINIC	76	0	0	0		90.06
91.00 EMERGENCY	8,769	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	113,996	22,363	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 HEALTHSTYLES INSTITUTE	0	0	0	0		194.00
194.01 RETAIL PHARMACY	0	0	0	0		194.01
194.02 WELLNESS CENTER	0	0	0	0		194.02
194.03 ELIZABETH HOUSE	0	0	0	0		194.03
194.04 HMR WEIGHT LOSS	0	0	0	0		194.04
194.05 PHYSICIAN OP CATH LAB	0	0	0	0		194.05
194.06 ALL SAINTS	0	0	0	0		194.06
194.07 FOUNDATION	0	0	0	0		194.07
194.08 EMS SERVICES	0	0	0	0		194.08
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	113,996	22,363	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED 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				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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
18.00 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	44,718					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				3,699,540	0	30.00
31.00 INTENSIVE CARE UNIT				932,625	0	31.00
32.00 CORONARY CARE UNIT				0	0	32.00
33.00 BURN INTENSIVE CARE UNIT				0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00 SUBPROVIDER - I PF				360,768	0	40.00
41.00 SUBPROVIDER - IRF				270	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				86,650	0	43.00
44.00 SKILLED NURSING FACILITY				0	0	44.00
45.00 NURSING FACILITY				0	0	45.00
46.00 OTHER LONG TERM CARE				326,980	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM				2,490,717	0	50.00
51.00 RECOVERY ROOM				183,168	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				490,115	0	52.00
53.00 ANESTHESIOLOGY				472,269	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				3,237,454	0	54.00
55.00 RADIOLOGY-THERAPEUTIC				1,849,462	0	55.00
56.00 RADIOISOTOPE				170,389	0	56.00
57.00 CT SCAN				0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 CARDIAC CATHETERIZATION				0	0	59.00
60.00 LABORATORY				455,442	0	60.00
60.01 BLOOD LABORATORY				0	0	60.01
60.02 PATHOLOGY				61,042	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS				93,326	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				472,691	0	65.00
66.00 PHYSICAL THERAPY				66,146	0	66.00
67.00 OCCUPATIONAL THERAPY				34,087	0	67.00
68.00 SPEECH PATHOLOGY				17,008	0	68.00
69.00 ELECTROCARDIOLOGY				1,282,585	0	69.00
69.01 CARDIAC				52,977	0	69.01
70.00 ELECTROENCEPHALOGRAPHY				0	0	70.00
70.01 ELECTROSHOCK THERAPY				12,813	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				621,317	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS				834,722	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				1,004,852	0	73.00
74.00 RENAL DIALYSIS				55,478	0	74.00
75.00 ASC (NON-DISTINCT PART)				0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00

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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	23.00				
90.00 CLINIC				114,684	0	90.00	
90.01 CARDIO PULMONARY REHAB				0	0	90.01	
90.02 OP PSYCH SERVICES				51,046	0	90.02	
90.03 SENIOR CLINIC				251,116	0	90.03	
90.04 OP CHEMICAL DEPENDENCY CLINIC				7,805	0	90.04	
90.05 SLEEP LAB				123,064	0	90.05	
90.06 BARIATRIC CLINIC				153,592	0	90.06	
91.00 EMERGENCY				834,710	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS				0	0	94.00	
95.00 AMBULANCE SERVICES				0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED				0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD				0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS				0	0	98.00	
99.00 CMHC				0	0	99.00	
99.10 CORF				0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM				0	0	100.00	
101.00 HOME HEALTH AGENCY				0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION				0	0	105.00	
106.00 HEART ACQUISITION				0	0	106.00	
107.00 LIVER ACQUISITION				0	0	107.00	
108.00 LUNG ACQUISITION				0	0	108.00	
109.00 PANCREAS ACQUISITION				0	0	109.00	
110.00 INTESTINAL ACQUISITION				0	0	110.00	
111.00 ISLET ACQUISITION				0	0	111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00	
116.00 HOSPICE				0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	20,900,910	0	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN				12,570	0	190.00	
191.00 RESEARCH				0	0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES				0	0	192.00	
193.00 NONPAID WORKERS				0	0	193.00	
194.00 HEALTHSTYLES INSTITUTE				22,696	0	194.00	
194.01 RETAIL PHARMACY				10	0	194.01	
194.02 WELLNESS CENTER				50,027	0	194.02	
194.03 ELIZABETH HOUSE				176,049	0	194.03	
194.04 HMR WEIGHT LOSS				19,129	0	194.04	
194.05 PHYSICIAN OP CATH LAB				8,778	0	194.05	
194.06 ALL SAINTS				0	0	194.06	
194.07 FOUNDATION				0	0	194.07	
194.08 EMS SERVICES				0	0	194.08	
200.00 Cross Foot Adjustments	44,718	0	0	44,718	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	44,718	0	0	21,234,887	0	202.00	

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-BLDG PARKING GARAGE		1.01
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
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
18.00	OTHER GENERAL SERVICE (SPECIFY)		18.00
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-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	3,699,540	30.00
31.00	INTENSIVE CARE UNIT	932,625	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	SUBPROVIDER - 1 PF	360,768	40.00
41.00	SUBPROVIDER - 1RF	270	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	86,650	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	326,980	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	2,490,717	50.00
51.00	RECOVERY ROOM	183,168	51.00
52.00	DELIVERY ROOM & LABOR ROOM	490,115	52.00
53.00	ANESTHESIOLOGY	472,269	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,237,454	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,849,462	55.00
56.00	RADIOISOTOPE	170,389	56.00
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	455,442	60.00
60.01	BLOOD LABORATORY	0	60.01
60.02	PATHOLOGY	61,042	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	93,326	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	0	64.00
65.00	RESPIRATORY THERAPY	472,691	65.00
66.00	PHYSICAL THERAPY	66,146	66.00
67.00	OCCUPATIONAL THERAPY	34,087	67.00
68.00	SPEECH PATHOLOGY	17,008	68.00
69.00	ELECTROCARDIOLOGY	1,282,585	69.00
69.01	CARDIAC	52,977	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
70.01	ELECTROSHOCK THERAPY	12,813	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	621,317	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	834,722	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,004,852	73.00
74.00	RENAL DIALYSIS	55,478	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	114,684	90.00
90.01	CARDIO PULMONARY REHAB	0	90.01
90.02	OP PSYCH SERVICES	51,046	90.02
90.03	SENIOR CLINIC	251,116	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	7,805	90.04
90.05	SLEEP LAB	123,064	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260104

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

Worksheet B
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Total	
		26.00	
90.06	BARIATRIC CLINIC	153,592	90.06
91.00	EMERGENCY	834,710	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,900,910	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,570	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
194.00	HEALTHSTYLES INSTITUTE	22,696	194.00
194.01	RETAIL PHARMACY	10	194.01
194.02	WELLNESS CENTER	50,027	194.02
194.03	ELIZABETH HOUSE	176,049	194.03
194.04	HMR WEIGHT LOSS	19,129	194.04
194.05	PHYSICIAN OP CATH LAB	8,778	194.05
194.06	ALL SAINTS	0	194.06
194.07	FOUNDATION	0	194.07
194.08	EMS SERVICES	0	194.08
200.00	Cross Foot Adjustments	44,718	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	21,234,887	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	BLDG PARKING GARAGE (SPACE UTILIZED)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	728,886					1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE	0	100				1.01
2.00 CAP REL COSTS-MVBLE EQUIP			5,839,649			2.00
4.00 EMPLOYEE BENEFITS	6,502	96	0	105,426,723		4.00
5.00 ADMINISTRATIVE & GENERAL	104,826	0	620,273	15,139,180	-49,602,379	5.00
7.00 OPERATION OF PLANT	62,982	0	113,580	1,887,977	0	7.00
8.00 LAUNDRY & LINEN SERVICE	2,079	0	0	153,197	0	8.00
9.00 HOUSEKEEPING	1,711	0	12,083	2,320,824	0	9.00
10.00 DIETARY	18,268	0	72,389	2,835,325	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	329	0	7,044	2,738,136	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	21,513	0	6,027	513,219	0	14.00
15.00 PHARMACY	2,625	0	392	3,317,119	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,334	0	891	1,299,102	0	16.00
17.00 SOCIAL SERVICE	1,200	0	0	360,048	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	429,534	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	183,783	0	459,421	27,732,231	0	30.00
31.00 INTENSIVE CARE UNIT	22,992	0	206,070	7,280,929	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	22,907	0	13,330	3,290,931	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,100	0	19,290	988,524	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	36,175	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	48,655	0	769,109	5,746,958	0	50.00
51.00 RECOVERY ROOM	0	0	7,113	2,151,634	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	25,465	0	154,891	1,119,067	0	52.00
53.00 ANESTHESIOLOGY	758	0	192,664	103,922	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	23,147	0	1,231,012	6,205,218	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	15,424	0	871,527	1,295,195	0	55.00
56.00 RADIOISOTOPE	1,500	0	57,926	354,042	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	16,687	0	5,051	1,845,941	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	3,500	0	9,579	117,214	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	800	0	4,934	514,234	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	4,635	0	176,415	2,162,133	0	65.00
66.00 PHYSICAL THERAPY	4,999	0	351	0	0	66.00
67.00 OCCUPATIONAL THERAPY	3,969	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	65	0	7,390	0	0	68.00
69.00 ELECTROCARDIOLOGY	8,447	0	562,260	2,219,137	0	69.00
69.01 CARDIAC	4,407	0	2,713	448,805	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	600	0	2,122	87,859	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,482	0	9,850	6,664	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	427	0	25,418	289,553	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation		
	BLDG & FIXT (SQUARE FEET)	BLDG PARKING GARAGE (SPACE UTILIZED)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				4.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	3,500	0	0	587,494	0	90.02
90.03	SENIOR CLINIC	0	0	2,333	747,538	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	188,171	0	90.04
90.05	SLEEP LAB	2,200	0	2,771	2,379	0	90.05
90.06	BARIATRIC CLINIC	0	0	4,895	2,240,847	0	90.06
91.00	EMERGENCY	27,391	4	199,134	6,257,835	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	693,384	100	5,830,248	104,978,116	-49,602,379	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,571	0	0	29,653	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	0	7,323	194,942	0	194.00
194.01	RETAIL PHARMACY	0	0	0	0	0	194.01
194.02	WELLNESS CENTER	6,429	0	2,049	48,442	0	194.02
194.03	ELIZABETH HOUSE	26,196	0	0	0	0	194.03
194.04	HMR WEIGHT LOSS	0	0	29	175,570	0	194.04
194.05	PHYSICIAN OP CATH LAB	1,306	0	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,489,251	358,576	9,728,061	26,258,642		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.787101	3,585.760000	1.665864	0.249070		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				375,359		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.003560		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	216,409,973					5.00
7.00 OPERATION OF PLANT	12,378,929	554,576				7.00
8.00 LAUNDRY & LINEN SERVICE	1,249,339	2,079	1,754,820			8.00
9.00 HOUSEKEEPING	4,486,646	1,711	0	550,786		9.00
10.00 DIETARY	5,548,345	18,268	0	18,268	1,052,217	10.00
11.00 CAFETERIA	0	0	0	0	623,216	11.00
13.00 NURSING ADMINISTRATION	3,638,109	329	0	329	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,139,069	21,513	0	21,513	0	14.00
15.00 PHARMACY	10,310,001	2,625	0	2,625	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,389,025	5,334	0	5,334	0	16.00
17.00 SOCIAL SERVICE	456,036	1,200	0	1,200	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	661,381	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	37,953,289	183,783	850,076	183,783	332,971	30.00
31.00 INTENSIVE CARE UNIT	9,952,450	22,992	171,991	22,992	57,215	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	4,683,295	22,907	46,257	22,907	38,815	40.00
41.00 SUBPROVIDER - IRF	0	0	10,143	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,167,530	2,100	16,794	2,100	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	3,341,282	36,175	0	36,175	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,317,683	48,655	116,029	48,655	0	50.00
51.00 RECOVERY ROOM	2,837,067	0	20,847	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,040,910	25,465	0	25,465	0	52.00
53.00 ANESTHESIOLOGY	1,137,207	758	4,212	758	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,674,553	23,147	20,742	23,147	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,752,563	15,424	74,404	15,424	0	55.00
56.00 RADIOISOTOPE	1,508,355	1,500	0	1,500	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	5,547,971	16,687	0	16,687	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	760,336	3,500	0	3,500	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,077,244	800	0	800	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	3,685,055	4,635	0	4,635	0	65.00
66.00 PHYSICAL THERAPY	1,110,490	4,999	0	4,999	0	66.00
67.00 OCCUPATIONAL THERAPY	292,663	3,969	0	3,969	0	67.00
68.00 SPEECH PATHOLOGY	155,699	65	0	65	0	68.00
69.00 ELECTROCARDIOLOGY	4,293,266	8,447	164,602	8,447	0	69.00
69.01 CARDIAC	602,529	4,407	1,334	4,407	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	136,506	600	0	600	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,324,614	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	17,999,237	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,898,119	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,087,846	1,482	0	1,482	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	126,072	427	3,685	427	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	804,268	3,500	51,461	3,500	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
90.03 SENIOR CLINIC	1,282,240	0	0	0	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	238,084	0	0	0	0	90.04
90.05 SLEEP LAB	740,965	2,200	0	2,200	0	90.05
90.06 BARIATRIC CLINIC	1,912,081	0	0	0	0	90.06
91.00 EMERGENCY	8,504,952	27,391	202,243	27,391	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	215,203,301	519,074	1,754,820	515,284	1,052,217	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,355	1,571	0	1,571	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 HEALTHSTYLES INSTITUTE	325,391	0	0	0	0	194.00
194.01 RETAIL PHARMACY	297	0	0	0	0	194.01
194.02 WELLNESS CENTER	96,790	6,429	0	6,429	0	194.02
194.03 ELIZABETH HOUSE	125,403	26,196	0	26,196	0	194.03
194.04 HMR WEIGHT LOSS	580,184	0	0	0	0	194.04
194.05 PHYSICIAN OP CATH LAB	6,252	1,306	0	1,306	0	194.05
194.06 ALL SAINTS	0	0	0	0	0	194.06
194.07 FOUNDATION	0	0	0	0	0	194.07
194.08 EMS SERVICES	0	0	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	49,602,379	15,216,254	1,592,738	5,561,958	7,505,764	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.229206	27.437635	0.907636	10.098220	7.133285	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	5,729,090	842,846	46,731	157,957	402,705	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.026473	1.519803	0.026630	0.286785	0.382720	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	2,701,600					11.00
13.00 NURSING ADMINISTRATION	125,011	1,556,602				13.00
14.00 CENTRAL SERVICES & SUPPLY	28,811	0	34,804,762			14.00
15.00 PHARMACY	79,160	0	0	9,723,179		15.00
16.00 MEDICAL RECORDS & LIBRARY	63,258	0	0	0	1,108,556,298	16.00
17.00 SOCIAL SERVICE	12,388	8	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	18,419	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	982,524	806,255	1,454,921	1,218	150,304,741	30.00
31.00 INTENSIVE CARE UNIT	226,764	210,599	205,083	240	41,956,343	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	75,019	76,696	63,791	4	13,905,463	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	26,755	24,217	293	0	5,571,691	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	169,781	91,099	703,257	3,442	105,547,565	50.00
51.00 RECOVERY ROOM	61,688	54,096	26,988	33	15,553,689	51.00
52.00 DELIVERY ROOM & LABOR ROOM	32,665	28,568	0	0	8,527,370	52.00
53.00 ANESTHESIOLOGY	3,797	3,488	62,389	270	23,868,588	53.00
54.00 RADIOLOGY-DIAGNOSTIC	203,026	37,384	86,337	1	179,404,626	54.00
55.00 RADIOLOGY-THERAPEUTIC	31,775	4,545	6,286	0	24,237,386	55.00
56.00 RADIOISOTOPE	8,893	0	8,083	0	12,379,589	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	59,046	0	171,919	0	101,640,481	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 PATHOLOGY	6,577	0	13,650	0	5,946,223	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	17,745	40	26,704	0	11,180,776	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	68,440	1,385	2	1,159	28,056,532	65.00
66.00 PHYSICAL THERAPY	0	0	237	0	5,757,157	66.00
67.00 OCCUPATIONAL THERAPY	0	0	46	0	1,626,772	67.00
68.00 SPEECH PATHOLOGY	0	0	205	0	1,379,624	68.00
69.00 ELECTROCARDIOLOGY	63,496	25,108	17,935	1,368	68,419,625	69.00
69.01 CARDIAC	11,564	8,255	0	0	951,788	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	3,228	2,222	17,015	0	627,186	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,509,562	0	21,804,208	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	17,999,237	0	32,871,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	104,435	9,715,361	135,508,989	73.00
74.00 RENAL DIALYSIS	41	0	0	0	4,573,146	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	9,545	2,105	4,375	0	3,007,918	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
90.02	OP PSYCH SERVICES	20,475	1,979	181	0	6,276,602	90.02
90.03	SENIOR CLINIC	22,656	19,599	118,215	1	4,911,433	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	6,214	1,735	236	0	1,280,318	90.04
90.05	SLEEP LAB	4	0	20	0	5,612,247	90.05
90.06	BARIATRIC CLINIC	34,526	4,972	2,710	0	734,637	90.06
91.00	EMERGENCY	206,082	150,428	200,332	82	85,131,943	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,679,373	1,554,783	34,804,444	9,723,179	1,108,556,298	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,074	0	31	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	12,020	0	4	0	0	194.00
194.01	RETAIL PHARMACY	0	0	110	0	0	194.01
194.02	WELLNESS CENTER	2,052	59	126	0	0	194.02
194.03	ELIZABETH HOUSE	0	0	0	0	0	194.03
194.04	HMR WEIGHT LOSS	6,081	1,760	47	0	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,445,578	4,690,044	2,255,069	12,901,908	3,240,913	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.645535	3.013001	0.064792	1.326923	0.002924	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	238,518	131,000	686,145	674,399	113,996	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.088288	0.084158	0.019714	0.069360	0.000103	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	(PATIENT DAYS)	(SPECIFY) (TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE					1.01
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
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	109,999				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0			18.00
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-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	82,975	0		0	30.00
31.00 INTENSIVE CARE UNIT	14,202	0		0	31.00
32.00 CORONARY CARE UNIT	0	0		0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		0	34.00
40.00 SUBPROVIDER - IPF	9,568	0		0	40.00
41.00 SUBPROVIDER - IRF	0	0		0	41.00
42.00 SUBPROVIDER	0	0		0	42.00
43.00 NURSERY	3,254	0		0	43.00
44.00 SKILLED NURSING FACILITY	0	0		0	44.00
45.00 NURSING FACILITY	0	0		0	45.00
46.00 OTHER LONG TERM CARE	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
60.02 PATHOLOGY	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 CARDIAC	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	(PATIENT DAYS)	(SPECIFY) (TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)		
	17.00	18.00	19.00	20.00		
90.01	CARDIO PULMONARY REHAB	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	0	0	0	0	90.02
90.03	SENIOR CLINIC	0	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	90.04
90.05	SLEEP LAB	0	0	0	0	90.05
90.06	BARIATRIC CLINIC	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	109,999	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	0	0	0	194.00
194.01	RETAIL PHARMACY	0	0	0	0	194.01
194.02	WELLNESS CENTER	0	0	0	0	194.02
194.03	ELIZABETH HOUSE	0	0	0	0	194.03
194.04	HMR WEIGHT LOSS	0	0	0	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	0	194.06
194.07	FOUNDATION	0	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	0	194.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	626,014	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.691088	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	22,363	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.203302	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-BLDG PARKING GARAGE					1.01
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
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
18.00 OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	901				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		901			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	850	850	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	26	26	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
60.02 PATHOLOGY	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	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 CARDIAC	0	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 ELECTROSHOCK THERAPY	0	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260104

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

Worksheet B-1
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
90.01	CARDIO PULMONARY REHAB	0	0	0	90.01
90.02	OP PSYCH SERVICES	0	0	0	90.02
90.03	SENIOR CLINIC	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	90.04
90.05	SLEEP LAB	0	0	0	90.05
90.06	BARIATRIC CLINIC	0	0	0	90.06
91.00	EMERGENCY	25	25	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	901	901	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	RESEARCH	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	HEALTHSTYLES INSTITUTE	0	0	0	194.00
194.01	RETAIL PHARMACY	0	0	0	194.01
194.02	WELLNESS CENTER	0	0	0	194.02
194.03	ELIZABETH HOUSE	0	0	0	194.03
194.04	HMR WEIGHT LOSS	0	0	0	194.04
194.05	PHYSICIAN OP CATH LAB	0	0	0	194.05
194.06	ALL SAINTS	0	0	0	194.06
194.07	FOUNDATION	0	0	0	194.07
194.08	EMS SERVICES	0	0	0	194.08
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	843,282	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	935.940067	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,718	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	49.631521	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		61,751,134	111,435	61,862,569	30.00
31.00	INTENSIVE CARE UNIT		14,885,665	0	14,885,665	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I PF		7,389,212	7,953	7,397,165	40.00
41.00	SUBPROVIDER - IRF		9,206	0	9,206	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,681,025	0	1,681,025	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		5,464,983	0	5,464,983	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		17,985,204	0	17,985,204	50.00
51.00	RECOVERY ROOM		3,818,034	19,060	3,837,094	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,629,309	0	3,629,309	52.00
53.00	ANESTHESIOLOGY		1,521,086	15,826	1,536,912	53.00
54.00	RADIOLOGY-DIAGNOSTIC		21,131,313	0	21,131,313	54.00
55.00	RADIOLOGY-THERAPEUTIC		5,396,416	0	5,396,416	55.00
56.00	RADIO SOTOPE		1,961,738	0	1,961,738	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		7,851,458	0	7,851,458	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
60.02	PATHOLOGY		1,095,080	0	1,095,080	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,647,134	0	2,647,134	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	4,904,038	1,412	4,905,450	65.00
66.00	PHYSICAL THERAPY	0	1,569,512	0	1,569,512	66.00
67.00	OCCUPATIONAL THERAPY	0	513,483	0	513,483	67.00
68.00	SPEECH PATHOLOGY	0	197,872	0	197,872	68.00
69.00	ELECTROCARDIOLOGY		6,126,944	9,083	6,136,027	69.00
69.01	CARDIAC		953,948	0	953,948	69.01
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
70.01	ELECTROSHOCK THERAPY		205,259	0	205,259	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		17,317,763	0	17,317,763	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		23,387,095	0	23,387,095	72.00
73.00	DRUGS CHARGED TO PATIENTS		27,919,770	0	27,919,770	73.00
74.00	RENAL DIALYSIS		1,406,255	1,704	1,407,959	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		205,468	528	205,996	90.00
90.01	CARDIO PULMONARY REHAB		0	0	0	90.01
90.02	OP PSYCH SERVICES		1,224,715	2,490	1,227,205	90.02
90.03	SENIOR CLINIC		1,694,491	0	1,694,491	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC		311,866	0	311,866	90.04
90.05	SLEEP LAB		1,009,796	1,453	1,011,249	90.05
90.06	BARIATRIC CLINIC		2,424,460	0	2,424,460	90.06
91.00	EMERGENCY		12,720,415	180,568	12,900,983	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,830,685	0	3,830,685	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260104

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

Worksheet C
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

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	
108.00 LUNG ACQUISITION	0		0		0	108.00
109.00 PANCREAS ACQUISITION	0		0		0	109.00
110.00 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	266,141,832	0	266,141,832	351,512	266,493,344	200.00
201.00 Less Observation Beds	3,830,685		3,830,685		3,830,685	201.00
202.00 Total (see instructions)	262,311,147	0	262,311,147	351,512	262,662,659	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm	
			Title XVII I	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	147,281,141		147,281,141		30.00
31.00	INTENSIVE CARE UNIT	41,596,663		41,596,663		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - I PF	13,876,603		13,876,603		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,350,629		5,350,629		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	58,433,778	41,672,048	100,105,826	0.179662	50.00
51.00	RECOVERY ROOM	6,999,360	7,790,586	14,789,946	0.258151	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,921,423	2,605,947	8,527,370	0.425607	52.00
53.00	ANESTHESIOLOGY	12,119,062	10,706,299	22,825,361	0.066640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	64,869,976	108,426,351	173,296,327	0.121937	54.00
55.00	RADIOLOGY-THERAPEUTIC	571,377	22,893,646	23,465,023	0.229977	55.00
56.00	RADIOISOTOPE	5,116,330	6,900,825	12,017,155	0.163245	56.00
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	0	0	0	0.000000	59.00
60.00	LABORATORY	61,253,061	38,017,151	99,270,212	0.079092	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
60.02	PATHOLOGY	2,106,030	3,598,030	5,704,060	0.191983	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	9,114,404	1,878,470	10,992,874	0.240805	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	24,215,845	3,501,204	27,717,049	0.176932	65.00
66.00	PHYSICAL THERAPY	5,521,539	161,209	5,682,748	0.276189	66.00
67.00	OCCUPATIONAL THERAPY	1,549,130	53,228	1,602,358	0.320455	67.00
68.00	SPEECH PATHOLOGY	1,341,026	29,774	1,370,800	0.144348	68.00
69.00	ELECTROCARDIOLOGY	41,728,407	25,106,835	66,835,242	0.091672	69.00
69.01	CARDIAC	251,989	680,008	931,997	1.023553	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	ELECTROSHOCK THERAPY	209,062	408,205	617,267	0.332529	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,253,864	3,550,344	21,804,208	0.794239	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	26,054,360	6,817,282	32,871,642	0.711467	72.00
73.00	DRUGS CHARGED TO PATIENTS	57,847,916	74,285,343	132,133,259	0.211300	73.00
74.00	RENAL DIALYSIS	4,433,433	124,041	4,557,474	0.308560	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	2,798,970	2,798,970	0.073408	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0.000000	90.01
90.02	OP PSYCH SERVICES	0	6,276,602	6,276,602	0.195124	90.02
90.03	SENIOR CLINIC	0	4,734,905	4,734,905	0.357872	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	1,106,310	1,106,310	0.281897	90.04
90.05	SLEEP LAB	0	5,175,446	5,175,446	0.195113	90.05
90.06	BARITRIC CLINIC	0	700,546	700,546	3.460815	90.06
91.00	EMERGENCY	31,104,640	52,566,632	83,671,272	0.152028	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,243,518	20,243,518	0.189230	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260104

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

Worksheet C
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	647,121,048	452,809,755	1,099,930,803			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	647,121,048	452,809,755	1,099,930,803			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.179662		50.00
51.00	RECOVERY ROOM	0.259439		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607		52.00
53.00	ANESTHESIOLOGY	0.067334		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977		55.00
56.00	RADIOISOTOPE	0.163245		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.079092		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
60.02	PATHOLOGY	0.191983		60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.240805		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.176983		65.00
66.00	PHYSICAL THERAPY	0.276189		66.00
67.00	OCCUPATIONAL THERAPY	0.320455		67.00
68.00	SPEECH PATHOLOGY	0.144348		68.00
69.00	ELECTROCARDIOLOGY	0.091808		69.00
69.01	CARDIAC	1.023553		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	ELECTROSHOCK THERAPY	0.332529		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300		73.00
74.00	RENAL DIALYSIS	0.308934		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.073597		90.00
90.01	CARDIO PULMONARY REHAB	0.000000		90.01
90.02	OP PSYCH SERVICES	0.195521		90.02
90.03	SENIOR CLINIC	0.357872		90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897		90.04
90.05	SLEEP LAB	0.195394		90.05
90.06	BARIATRIC CLINIC	3.460815		90.06
91.00	EMERGENCY	0.154187		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
111.00 ISLET ACQUISITION				111.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm		
		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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		61,751,134	0	0	30.00
31.00	INTENSIVE CARE UNIT		14,885,665	0	0	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I PF		7,389,212	0	0	40.00
41.00	SUBPROVIDER - I RF		9,206	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,681,025	0	0	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		5,464,983	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		17,985,204	0	0	50.00
51.00	RECOVERY ROOM		3,818,034	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		3,629,309	0	0	52.00
53.00	ANESTHESIOLOGY		1,521,086	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		21,131,313	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC		5,396,416	0	0	55.00
56.00	RADIO SOTOPE		1,961,738	0	0	56.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		7,851,458	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
60.02	PATHOLOGY		1,095,080	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		2,647,134	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	4,904,038	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,569,512	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	513,483	0	0	67.00
68.00	SPEECH PATHOLOGY	0	197,872	0	0	68.00
69.00	ELECTROCARDIOLOGY		6,126,944	0	0	69.00
69.01	CARDIAC		953,948	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
70.01	ELECTROSHOCK THERAPY		205,259	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		17,317,763	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		23,387,095	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		27,919,770	0	0	73.00
74.00	RENAL DIALYSIS		1,406,255	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		205,468	0	0	90.00
90.01	CARDIO PULMONARY REHAB		0	0	0	90.01
90.02	OP PSYCH SERVICES		1,224,715	0	0	90.02
90.03	SENIOR CLINIC		1,694,491	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC		311,866	0	0	90.04
90.05	SLEEP LAB		1,009,796	0	0	90.05
90.06	BARIATRIC CLINIC		2,424,460	0	0	90.06
91.00	EMERGENCY		12,720,415	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,830,685	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260104

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

Worksheet C
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE	Total Costs	
				Disallowance		
1.00	2.00	3.00	4.00	5.00		
108.00 LUNG ACQUISITION	0		0		0	108.00
109.00 PANCREAS ACQUISITION	0		0		0	109.00
110.00 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	266,141,832	0	266,141,832	0	0	200.00
201.00 Less Observation Beds	3,830,685		3,830,685			201.00
202.00 Total (see instructions)	262,311,147	0	262,311,147	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	147,281,141		147,281,141		30.00
31.00	INTENSIVE CARE UNIT	41,596,663		41,596,663		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	13,876,603		13,876,603		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,350,629		5,350,629		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	58,433,778	41,672,048	100,105,826	0.179662	50.00
51.00	RECOVERY ROOM	6,999,360	7,790,586	14,789,946	0.258151	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,921,423	2,605,947	8,527,370	0.425607	52.00
53.00	ANESTHESIOLOGY	12,119,062	10,706,299	22,825,361	0.066640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	64,869,976	108,426,351	173,296,327	0.121937	54.00
55.00	RADIOLOGY-THERAPEUTIC	571,377	22,893,646	23,465,023	0.229977	55.00
56.00	RADIOISOTOPE	5,116,330	6,900,825	12,017,155	0.163245	56.00
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	0	0	0	0.000000	59.00
60.00	LABORATORY	61,253,061	38,017,151	99,270,212	0.079092	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
60.02	PATHOLOGY	2,106,030	3,598,030	5,704,060	0.191983	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	9,114,404	1,878,470	10,992,874	0.240805	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	24,215,845	3,501,204	27,717,049	0.176932	65.00
66.00	PHYSICAL THERAPY	5,521,539	161,209	5,682,748	0.276189	66.00
67.00	OCCUPATIONAL THERAPY	1,549,130	53,228	1,602,358	0.320455	67.00
68.00	SPEECH PATHOLOGY	1,341,026	29,774	1,370,800	0.144348	68.00
69.00	ELECTROCARDIOLOGY	41,728,407	25,106,835	66,835,242	0.091672	69.00
69.01	CARDIAC	251,989	680,008	931,997	1.023553	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	ELECTROSHOCK THERAPY	209,062	408,205	617,267	0.332529	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,253,864	3,550,344	21,804,208	0.794239	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	26,054,360	6,817,282	32,871,642	0.711467	72.00
73.00	DRUGS CHARGED TO PATIENTS	57,847,916	74,285,343	132,133,259	0.211300	73.00
74.00	RENAL DIALYSIS	4,433,433	124,041	4,557,474	0.308560	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	2,798,970	2,798,970	0.073408	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0.000000	90.01
90.02	OP PSYCH SERVICES	0	6,276,602	6,276,602	0.195124	90.02
90.03	SENIOR CLINIC	0	4,734,905	4,734,905	0.357872	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	1,106,310	1,106,310	0.281897	90.04
90.05	SLEEP LAB	0	5,175,446	5,175,446	0.195113	90.05
90.06	BARIATRIC CLINIC	0	700,546	700,546	3.460815	90.06
91.00	EMERGENCY	31,104,640	52,566,632	83,671,272	0.152028	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,243,518	20,243,518	0.189230	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260104

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

Worksheet C
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	647,121,048	452,809,755	1,099,930,803			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	647,121,048	452,809,755	1,099,930,803			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
60.02	PATHOLOGY	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
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	0.000000		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	CARDIO PULMONARY REHAB	0.000000		90.01
90.02	OP PSYCH SERVICES	0.000000		90.02
90.03	SENIOR CLINIC	0.000000		90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.000000		90.04
90.05	SLEEP LAB	0.000000		90.05
90.06	BARIATRIC CLINIC	0.000000		90.06
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/15/2012 2:15 pm
		Title XIX	Hospital	Cost
Cost Center Description	PPS Inpatient Ratio			
	11.00			
111.00 ISLET ACQUISITION				111.00
113.00 INTEREST EXPENSE				113.00
114.00 UTILIZATION REVIEW-SNF				114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00 HOSPICE				116.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/15/2012 2:15 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,699,540	0	3,699,540	84,181	43.95	30.00
31.00 INTENSIVE CARE UNIT	932,625		932,625	14,093	66.18	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	360,768	0	360,768	9,574	37.68	40.00
41.00 SUBPROVIDER - IRF	270	0	270	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	86,650		86,650	3,254	26.63	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	5,079,853		5,079,853	111,102		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	28,830	1,267,079		30.00
31.00 INTENSIVE CARE UNIT	6,564	434,406		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	5,443	205,092		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	40,837	1,906,577		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,490,717	100,105,826	0.024881	20,512,959	510,383	50.00
51.00	RECOVERY ROOM	183,168	14,789,946	0.012385	1,891,368	23,425	51.00
52.00	DELIVERY ROOM & LABOR ROOM	490,115	8,527,370	0.057476	30,915	1,777	52.00
53.00	ANESTHESIOLOGY	472,269	22,825,361	0.020691	4,429,872	91,658	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,237,454	173,296,327	0.018682	27,377,062	511,458	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,849,462	23,465,023	0.078818	216,080	17,031	55.00
56.00	RADIOISOTOPE	170,389	12,017,155	0.014179	2,057,092	29,168	56.00
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	0	0	0.000000	0	0	59.00
60.00	LABORATORY	455,442	99,270,212	0.004588	24,902,641	114,253	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	PATHOLOGY	61,042	5,704,060	0.010702	696,386	7,453	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	93,326	10,992,874	0.008490	3,650,464	30,992	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	472,691	27,717,049	0.017054	10,873,534	185,437	65.00
66.00	PHYSICAL THERAPY	66,146	5,682,748	0.011640	2,624,036	30,544	66.00
67.00	OCCUPATIONAL THERAPY	34,087	1,602,358	0.021273	771,209	16,406	67.00
68.00	SPEECH PATHOLOGY	17,008	1,370,800	0.012407	725,560	9,002	68.00
69.00	ELECTROCARDIOLOGY	1,282,585	66,835,242	0.019190	16,465,530	315,974	69.00
69.01	CARDIAC	52,977	931,997	0.056842	97,318	5,532	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	12,813	617,267	0.020758	16,814	349	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	621,317	21,804,208	0.028495	8,713,320	248,286	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	834,722	32,871,642	0.025393	9,157,265	232,530	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,004,852	132,133,259	0.007605	23,901,775	181,773	73.00
74.00	RENAL DIALYSIS	55,478	4,557,474	0.012173	3,063,458	37,291	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	114,684	2,798,970	0.040974	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	51,046	6,276,602	0.008133	0	0	90.02
90.03	SENIOR CLINIC	251,116	4,734,905	0.053035	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	7,805	1,106,310	0.007055	0	0	90.04
90.05	SLEEP LAB	123,064	5,175,446	0.023778	0	0	90.05
90.06	BARITRIC CLINIC	153,592	700,546	0.219246	0	0	90.06
91.00	EMERGENCY	834,710	83,671,272	0.009976	11,622,471	115,946	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	228,976	20,243,518	0.011311	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	15,723,053	891,825,767		173,797,129	2,716,668	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/15/2012 2:15 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	84,181	0.00	28,830	0	0	30.00
31.00 INTENSIVE CARE UNIT	14,093	0.00	6,564	0	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	9,574	0.00	5,443	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	3,254	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	111,102		40,837	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/15/2012 2:15 pm
Title XVIII		Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm
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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		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
60.02 PATHOLOGY	0	0	0	0	0	0	0	60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.01 CARDIAC	0	0	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	0	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	0	0	0	0	0	0	0	90.02
90.03 SENIOR CLINIC	0	0	0	0	0	0	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	0	0	0	90.04
90.05 SLEEP LAB	0	0	0	0	0	0	0	90.05
90.06 BARIATRIC CLINIC	0	0	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	100,105,826	0.000000	0.000000	20,512,959	50.00
51.00 RECOVERY ROOM	0	14,789,946	0.000000	0.000000	1,891,368	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	8,527,370	0.000000	0.000000	30,915	52.00
53.00 ANESTHESIOLOGY	0	22,825,361	0.000000	0.000000	4,429,872	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	173,296,327	0.000000	0.000000	27,377,062	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	23,465,023	0.000000	0.000000	216,080	55.00
56.00 RADIOISOTOPE	0	12,017,155	0.000000	0.000000	2,057,092	56.00
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	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	99,270,212	0.000000	0.000000	24,902,641	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02 PATHOLOGY	0	5,704,060	0.000000	0.000000	696,386	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	10,992,874	0.000000	0.000000	3,650,464	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	27,717,049	0.000000	0.000000	10,873,534	65.00
66.00 PHYSICAL THERAPY	0	5,682,748	0.000000	0.000000	2,624,036	66.00
67.00 OCCUPATIONAL THERAPY	0	1,602,358	0.000000	0.000000	771,209	67.00
68.00 SPEECH PATHOLOGY	0	1,370,800	0.000000	0.000000	725,560	68.00
69.00 ELECTROCARDIOLOGY	0	66,835,242	0.000000	0.000000	16,465,530	69.00
69.01 CARDIAC	0	931,997	0.000000	0.000000	97,318	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 ELECTROSHOCK THERAPY	0	617,267	0.000000	0.000000	16,814	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,804,208	0.000000	0.000000	8,713,320	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	32,871,642	0.000000	0.000000	9,157,265	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	132,133,259	0.000000	0.000000	23,901,775	73.00
74.00 RENAL DIALYSIS	0	4,557,474	0.000000	0.000000	3,063,458	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	2,798,970	0.000000	0.000000	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0.000000	0.000000	0	90.01
90.02 OP PSYCH SERVICES	0	6,276,602	0.000000	0.000000	0	90.02
90.03 SENIOR CLINIC	0	4,734,905	0.000000	0.000000	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	1,106,310	0.000000	0.000000	0	90.04
90.05 SLEEP LAB	0	5,175,446	0.000000	0.000000	0	90.05
90.06 BARIATRIC CLINIC	0	700,546	0.000000	0.000000	0	90.06
91.00 EMERGENCY	0	83,671,272	0.000000	0.000000	11,622,471	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,243,518	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	891,825,767			173,797,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm
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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		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	9,370,702	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	2,945,481	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	9,552	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	2,515,820	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	23,912,408	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	7,711,569	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	1,889,425	0	0	0	0	56.00
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	51,966	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
60.02 PATHOLOGY	0	757,946	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	397,216	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	781,897	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	6,579,607	0	0	0	0	69.00
69.01 CARDIAC	0	326,426	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	215,166	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,355,978	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	1,958,477	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	25,300,719	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	78,948	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	194,902	0	0	0	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	0	0	0	0	90.01
90.02 OP PSYCH SERVICES	0	702	0	0	0	0	90.02
90.03 SENIOR CLINIC	0	2,087,797	0	0	0	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	0	0	90.04
90.05 SLEEP LAB	0	790,105	0	0	0	0	90.05
90.06 BARIATRIC CLINIC	0	147,108	0	0	0	0	90.06
91.00 EMERGENCY	0	6,687,363	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,157,507	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	99,224,787	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm
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Cost Center Description	PSA Adj .	PSA Adj . All	Hospital	PPS
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
60.02 PATHOLOGY	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
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	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 ELECTROSHOCK THERAPY	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 CARDIO PULMONARY REHAB	0	0		90.01
90.02 OP PSYCH SERVICES	0	0		90.02
90.03 SENIOR CLINIC	0	0		90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0		90.04
90.05 SLEEP LAB	0	0		90.05
90.06 BARIATRIC CLINIC	0	0		90.06
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.179662	9,370,702	0	1,340	50.00
51.00	RECOVERY ROOM	0.258151	2,945,481	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	9,552	0	0	52.00
53.00	ANESTHESIOLOGY	0.066640	2,515,820	0	1	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	23,912,408	0	3	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	7,711,569	0	0	55.00
56.00	RADIOISOTOPE	0.163245	1,889,425	0	99	56.00
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	0.000000	0	0	0	59.00
60.00	LABORATORY	0.079092	51,966	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
60.02	PATHOLOGY	0.191983	757,946	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	0.240805	397,216	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176932	781,897	0	0	65.00
66.00	PHYSICAL THERAPY	0.276189	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.144348	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.091672	6,579,607	0	0	69.00
69.01	CARDIAC	1.023553	326,426	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	215,166	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	1,355,978	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	1,958,477	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	25,300,719	0	287,853	73.00
74.00	RENAL DIALYSIS	0.308560	78,948	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.073408	194,902	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	0	90.01
90.02	OP PSYCH SERVICES	0.195124	702	0	0	90.02
90.03	SENIOR CLINIC	0.357872	2,087,797	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	0	90.04
90.05	SLEEP LAB	0.195113	790,105	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	147,108	0	0	90.06
91.00	EMERGENCY	0.152028	6,687,363	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	3,157,507	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		99,224,787	0	289,296	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		99,224,787	0	289,296	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/15/2012 2:15 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,683,559	0	241		50.00
51.00 RECOVERY ROOM	760,379	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,065	0	0		52.00
53.00 ANESTHESIOLOGY	167,654	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,915,807	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,773,484	0	0		55.00
56.00 RADIOISOTOPE	308,439	0	16		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	4,110	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
60.02 PATHOLOGY	145,513	0	0		60.02
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	95,652	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	138,343	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	603,166	0	0		69.00
69.01 CARDIAC	334,114	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 ELECTROSHOCK THERAPY	71,549	0	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,076,971	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,393,392	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	5,346,042	0	60,823		73.00
74.00 RENAL DIALYSIS	24,360	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	14,307	0	0		90.00
90.01 CARDIO PULMONARY REHAB	0	0	0		90.01
90.02 OP PSYCH SERVICES	137	0	0		90.02
90.03 SENIOR CLINIC	747,164	0	0		90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	0		90.04
90.05 SLEEP LAB	154,160	0	0		90.05
90.06 BARIATRIC CLINIC	509,114	0	0		90.06
91.00 EMERGENCY	1,016,666	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	597,495	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	19,885,642	0	61,080		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	19,885,642	0	61,080		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,490,717	100,105,826	0.024881	8,808	219	50.00
51.00	RECOVERY ROOM	183,168	14,789,946	0.012385	1,599	20	51.00
52.00	DELIVERY ROOM & LABOR ROOM	490,115	8,527,370	0.057476	0	0	52.00
53.00	ANESTHESIOLOGY	472,269	22,825,361	0.020691	3,145	65	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,237,454	173,296,327	0.018682	240,643	4,496	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,849,462	23,465,023	0.078818	0	0	55.00
56.00	RADIOISOTOPE	170,389	12,017,155	0.014179	8,062	114	56.00
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	0	0	0.000000	0	0	59.00
60.00	LABORATORY	455,442	99,270,212	0.004588	853,316	3,915	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	PATHOLOGY	61,042	5,704,060	0.010702	474	5	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	93,326	10,992,874	0.008490	303	3	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	472,691	27,717,049	0.017054	108,013	1,842	65.00
66.00	PHYSICAL THERAPY	66,146	5,682,748	0.011640	25,907	302	66.00
67.00	OCCUPATIONAL THERAPY	34,087	1,602,358	0.021273	4,545	97	67.00
68.00	SPEECH PATHOLOGY	17,008	1,370,800	0.012407	10,381	129	68.00
69.00	ELECTROCARDIOLOGY	1,282,585	66,835,242	0.019190	86,367	1,657	69.00
69.01	CARDIAC	52,977	931,997	0.056842	253	14	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	12,813	617,267	0.020758	108,256	2,247	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	621,317	21,804,208	0.028495	4,444	127	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	834,722	32,871,642	0.025393	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,004,852	132,133,259	0.007605	1,127,877	8,578	73.00
74.00	RENAL DIALYSIS	55,478	4,557,474	0.012173	18,284	223	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	114,684	2,798,970	0.040974	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	51,046	6,276,602	0.008133	0	0	90.02
90.03	SENIOR CLINIC	251,116	4,734,905	0.053035	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	7,805	1,106,310	0.007055	0	0	90.04
90.05	SLEEP LAB	123,064	5,175,446	0.023778	0	0	90.05
90.06	BARITRIC CLINIC	153,592	700,546	0.021924	0	0	90.06
91.00	EMERGENCY	834,710	83,671,272	0.009976	413,809	4,128	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	228,976	20,243,518	0.011311	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	15,723,053	891,825,767		3,024,486	28,181	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	PATHOLOGY	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
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	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	0	0	0	0	0	90.02
90.03	SENIOR CLINIC	0	0	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	0	90.04
90.05	SLEEP LAB	0	0	0	0	0	90.05
90.06	BARIATRIC CLINIC	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	100,105,826	0.000000	0.000000	8,808	50.00
51.00	RECOVERY ROOM	0	14,789,946	0.000000	0.000000	1,599	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,527,370	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	22,825,361	0.000000	0.000000	3,145	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	173,296,327	0.000000	0.000000	240,643	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	23,465,023	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	12,017,155	0.000000	0.000000	8,062	56.00
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	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	99,270,212	0.000000	0.000000	853,316	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	PATHOLOGY	0	5,704,060	0.000000	0.000000	474	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	10,992,874	0.000000	0.000000	303	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	27,717,049	0.000000	0.000000	108,013	65.00
66.00	PHYSICAL THERAPY	0	5,682,748	0.000000	0.000000	25,907	66.00
67.00	OCCUPATIONAL THERAPY	0	1,602,358	0.000000	0.000000	4,545	67.00
68.00	SPEECH PATHOLOGY	0	1,370,800	0.000000	0.000000	10,381	68.00
69.00	ELECTROCARDIOLOGY	0	66,835,242	0.000000	0.000000	86,367	69.00
69.01	CARDIAC	0	931,997	0.000000	0.000000	253	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	ELECTROSHOCK THERAPY	0	617,267	0.000000	0.000000	108,256	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,804,208	0.000000	0.000000	4,444	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	32,871,642	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	132,133,259	0.000000	0.000000	1,127,877	73.00
74.00	RENAL DIALYSIS	0	4,557,474	0.000000	0.000000	18,284	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	2,798,970	0.000000	0.000000	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0.000000	0.000000	0	90.01
90.02	OP PSYCH SERVICES	0	6,276,602	0.000000	0.000000	0	90.02
90.03	SENIOR CLINIC	0	4,734,905	0.000000	0.000000	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	1,106,310	0.000000	0.000000	0	90.04
90.05	SLEEP LAB	0	5,175,446	0.000000	0.000000	0	90.05
90.06	BARITRIC CLINIC	0	700,546	0.000000	0.000000	0	90.06
91.00	EMERGENCY	0	83,671,272	0.000000	0.000000	413,809	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,243,518	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	891,825,767			3,024,486	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	PATHOLOGY	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
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	988	0	0	0	69.00
69.01	CARDIAC	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,703	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0	0	0	0	0	90.01
90.02	OP PSYCH SERVICES	0	5,591,910	0	0	0	90.02
90.03	SENIOR CLINIC	0	1	0	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0	0	0	0	0	90.04
90.05	SLEEP LAB	0	0	0	0	0	90.05
90.06	BIARIATRIC CLINIC	0	0	0	0	0	90.06
91.00	EMERGENCY	0	1,854	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	5,599,456	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260104 Component CCN: 26S104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/15/2012 2:15 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
60.02 PATHOLOGY	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
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	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 ELECTROSHOCK THERAPY	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 CARDIO PULMONARY REHAB	0	0	90.01
90.02 OP PSYCH SERVICES	0	0	90.02
90.03 SENIOR CLINIC	0	0	90.03
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	90.04
90.05 SLEEP LAB	0	0	90.05
90.06 BARIATRIC CLINIC	0	0	90.06
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/15/2012 2:15 pm		
		Component CCN: 26S104	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		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.179662	0	0	0	50.00
51.00	RECOVERY ROOM	0.258151	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.066640	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	0	0	0	55.00
56.00	RADIOISOTOPE	0.163245	0	0	3	56.00
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	0.000000	0	0	0	59.00
60.00	LABORATORY	0.079092	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
60.02	PATHOLOGY	0.191983	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	0.240805	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176932	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.276189	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.144348	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.091672	988	0	0	69.00
69.01	CARDIAC	1.023553	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	4,703	175	10,258	73.00
74.00	RENAL DIALYSIS	0.308560	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.073408	0	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	0	90.01
90.02	OP PSYCH SERVICES	0.195124	5,591,910	0	0	90.02
90.03	SENIOR CLINIC	0.357872	1	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	0	90.04
90.05	SLEEP LAB	0.195113	0	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	0	0	0	90.06
91.00	EMERGENCY	0.152028	1,854	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		5,599,456	175	10,261	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		5,599,456	175	10,261	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/15/2012 2:15 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0		50.00		
51.00 RECOVERY ROOM	0	0	0		51.00		
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00		
53.00 ANESTHESIOLOGY	0	0	0		53.00		
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00		
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00		
56.00 RADIOISOTOPE	0	0	0		56.00		
57.00 CT SCAN	0	0	0		57.00		
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00		
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00		
60.00 LABORATORY	0	0	0		60.00		
60.01 BLOOD LABORATORY	0	0	0		60.01		
60.02 PATHOLOGY	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	0	0	0		64.00		
65.00 RESPIRATORY THERAPY	0	0	0		65.00		
66.00 PHYSICAL THERAPY	0	0	0		66.00		
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00		
68.00 SPEECH PATHOLOGY	0	0	0		68.00		
69.00 ELECTROCARDIOLOGY	91	0	0		69.00		
69.01 CARDIAC	0	0	0		69.01		
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00		
70.01 ELECTROSHOCK THERAPY	0	0	0		70.01		
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00		
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00		
73.00 DRUGS CHARGED TO PATIENTS	994	37	2,168		73.00		
74.00 RENAL DIALYSIS	0	0	0		74.00		
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00		
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0		88.00		
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00		
90.00 CLINIC	0	0	0		90.00		
90.01 CARDIO PULMONARY REHAB	0	0	0		90.01		
90.02 OP PSYCH SERVICES	1,091,116	0	0		90.02		
90.03 SENIOR CLINIC	0	0	0		90.03		
90.04 OP CHEMICAL DEPENDENCY CLINIC	0	0	0		90.04		
90.05 SLEEP LAB	0	0	0		90.05		
90.06 BARIATRIC CLINIC	0	0	0		90.06		
91.00 EMERGENCY	282	0	0		91.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00		
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS		0	0		94.00		
95.00 AMBULANCE SERVICES		0	0		95.00		
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00		
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00		
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00		
200.00 Subtotal (see instructions)	1,092,483	37	2,168		200.00		
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00		
202.00 Net Charges (line 200 +/- line 201)	1,092,483	37	2,168		202.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/15/2012 2:15 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		84,181	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		84,181	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		73,237	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,944	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)		28,830	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,862,569	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)		61,862,569	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		147,281,141	28.00
29.00	Private room charges (excluding swing-bed charges)		128,134,593	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,146,548	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.420030	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,749.59	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,749.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.09	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.04	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		2,929	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,859,640	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		734.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,186,590	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)		21,186,590	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/15/2012 2:15 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	14,885,665	14,093	1,056.25	6,564	6,933,225	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,035,993	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,155,808	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)					1,701,485	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,716,668	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,418,153	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,737,655	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)					5,199	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					734.88	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,820,641	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/15/2012 2:15 pm	
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	3,699,540	61,862,569	0.059803	3,820,641	228,486	90.00
91.00	Nursing School cost	0	61,862,569	0.000000	3,820,641	0	91.00
92.00	Allied health cost	0	61,862,569	0.000000	3,820,641	0	92.00
93.00	All other Medical Education	0	61,862,569	0.000000	3,820,641	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 26S104		Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,574	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,574	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		2,964	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,610	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,443	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,397,165	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)		7,397,165	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,876,603	28.00
29.00	Private room charges (excluding swing-bed charges)		4,301,747	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,574,856	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.533067	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,451.33	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,448.54	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		2.79	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		1.49	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,416	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,392,749	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		772.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,205,425	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)		4,205,425	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260104		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 26S104				Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					485,236		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,690,661		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					205,092		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,181		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					233,273		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,457,388		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)					13		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					772.63		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					10,044		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260104 Component CCN: 26S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	360,768	7,397,165	0.048771	10,044	490	90.00
91.00	Nursing School cost	0	7,397,165	0.000000	10,044	0	91.00
92.00	Allied health cost	0	7,397,165	0.000000	10,044	0	92.00
93.00	All other Medical Education	0	7,397,165	0.000000	10,044	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		53,326,241		30.00
31.00	INTENSIVE CARE UNIT		18,985,171		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		575,895		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.179662	20,512,959	3,685,399	50.00
51.00	RECOVERY ROOM	0.259439	1,891,368	490,695	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	30,915	13,158	52.00
53.00	ANESTHESIOLOGY	0.067334	4,429,872	298,281	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	27,377,062	3,338,277	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	216,080	49,693	55.00
56.00	RADIOISOTOPE	0.163245	2,057,092	335,810	56.00
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	0.000000	0	0	59.00
60.00	LABORATORY	0.079092	24,902,641	1,969,600	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	PATHOLOGY	0.191983	696,386	133,694	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.240805	3,650,464	879,050	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176983	10,873,534	1,924,431	65.00
66.00	PHYSICAL THERAPY	0.276189	2,624,036	724,730	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	771,209	247,138	67.00
68.00	SPEECH PATHOLOGY	0.144348	725,560	104,733	68.00
69.00	ELECTROCARDIOLOGY	0.091808	16,465,530	1,511,667	69.00
69.01	CARDIAC	1.023553	97,318	99,610	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	16,814	5,591	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	8,713,320	6,920,459	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	9,157,265	6,515,092	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	23,901,775	5,050,445	73.00
74.00	RENAL DIALYSIS	0.308934	3,063,458	946,406	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.073597	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	0.195521	0	0	90.02
90.03	SENIOR CLINIC	0.357872	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	90.04
90.05	SLEEP LAB	0.195394	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	0	0	90.06
91.00	EMERGENCY	0.154187	11,622,471	1,792,034	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		173,797,129	37,035,993	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)		173,797,129		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 26S104		Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		3,706,007		30.00
31.00	INTENSIVE CARE UNIT		26		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		4,151,338		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.179662	8,808	1,582	50.00
51.00	RECOVERY ROOM	0.259439	1,599	415	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	0	0	52.00
53.00	ANESTHESIOLOGY	0.067334	3,145	212	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	240,643	29,343	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	0	0	55.00
56.00	RADIOISOTOPE	0.163245	8,062	1,316	56.00
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	0.000000	0	0	59.00
60.00	LABORATORY	0.079092	853,316	67,490	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	PATHOLOGY	0.191983	474	91	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.240805	303	73	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176983	108,013	19,116	65.00
66.00	PHYSICAL THERAPY	0.276189	25,907	7,155	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	4,545	1,456	67.00
68.00	SPEECH PATHOLOGY	0.144348	10,381	1,498	68.00
69.00	ELECTROCARDIOLOGY	0.091808	86,367	7,929	69.00
69.01	CARDIAC	1.023553	253	259	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	108,256	35,998	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	4,444	3,530	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	1,127,877	238,320	73.00
74.00	RENAL DIALYSIS	0.308934	18,284	5,649	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.073597	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	0.195521	0	0	90.02
90.03	SENIOR CLINIC	0.357872	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	90.04
90.05	SLEEP LAB	0.195394	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	0	0	90.06
91.00	EMERGENCY	0.154187	413,809	63,804	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,024,486	485,236	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)		3,024,486		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		26,041,201		30.00
31.00	INTENSIVE CARE UNIT		4,717,541		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		3,800,938		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		353,546		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.179662	3,057,001	549,227	50.00
51.00	RECOVERY ROOM	0.258151	278,755	71,961	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	360,150	153,282	52.00
53.00	ANESTHESIOLOGY	0.066640	801,016	53,380	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	7,451,425	908,604	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	17,084	3,929	55.00
56.00	RADIOISOTOPE	0.163245	576,860	94,170	56.00
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	0.000000	0	0	59.00
60.00	LABORATORY	0.079092	8,582,655	678,819	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	PATHOLOGY	0.191983	198,836	38,173	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.240805	708,687	170,655	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176932	2,838,239	502,175	65.00
66.00	PHYSICAL THERAPY	0.276189	264,403	73,025	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	120,214	38,523	67.00
68.00	SPEECH PATHOLOGY	0.144348	108,293	15,632	68.00
69.00	ELECTROCARDIOLOGY	0.091672	4,158,199	381,190	69.00
69.01	CARDIAC	1.023553	19,596	20,058	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	18,252	6,069	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	1,698,414	1,348,947	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	867,179	616,969	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	7,378,331	1,559,041	73.00
74.00	RENAL DIALYSIS	0.308560	354,684	109,441	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.073408	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	0.195124	0	0	90.02
90.03	SENIOR CLINIC	0.357872	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	90.04
90.05	SLEEP LAB	0.195113	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	0	0	90.06
91.00	EMERGENCY	0.152028	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		39,858,273	7,393,270	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)		39,858,273		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 26S104		Date/Time Prepared: 5/15/2012 2:15 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,874,728		30.00
31.00	INTENSIVE CARE UNIT		1,572		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		1,300,434		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		293		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.179662	21	4	50.00
51.00	RECOVERY ROOM	0.258151	18	5	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.425607	0	0	52.00
53.00	ANESTHESIOLOGY	0.066640	878	59	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121937	59,619	7,270	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.229977	0	0	55.00
56.00	RADIOISOTOPE	0.163245	1	0	56.00
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	0.000000	0	0	59.00
60.00	LABORATORY	0.079092	480,794	38,027	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	PATHOLOGY	0.191983	51	10	60.02
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.240805	474	114	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.176932	35,858	6,344	65.00
66.00	PHYSICAL THERAPY	0.276189	1,267	350	66.00
67.00	OCCUPATIONAL THERAPY	0.320455	203	65	67.00
68.00	SPEECH PATHOLOGY	0.144348	3,783	546	68.00
69.00	ELECTROCARDIOLOGY	0.091672	22,893	2,099	69.00
69.01	CARDIAC	1.023553	34	35	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.332529	4,578	1,522	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.794239	528	419	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.711467	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.211300	383,434	81,020	73.00
74.00	RENAL DIALYSIS	0.308560	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.073408	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	0.195124	0	0	90.02
90.03	SENIOR CLINIC	0.357872	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.281897	0	0	90.04
90.05	SLEEP LAB	0.195113	0	0	90.05
90.06	BARIATRIC CLINIC	3.460815	0	0	90.06
91.00	EMERGENCY	0.152028	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.189230	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		994,434	137,889	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		994,434		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN:		Date/Time Prepared: 5/15/2012 2:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
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	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
60.02	PATHOLOGY	0.000000	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.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.000000	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	CARDIAC	0.000000	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CARDIO PULMONARY REHAB	0.000000	0	0	90.01
90.02	OP PSYCH SERVICES	0.000000	0	0	90.02
90.03	SENIOR CLINIC	0.000000	0	0	90.03
90.04	OP CHEMICAL DEPENDENCY CLINIC	0.000000	0	0	90.04
90.05	SLEEP LAB	0.000000	0	0	90.05
90.06	BARIATRIC CLINIC	0.000000	0	0	90.06
91.00	EMERGENCY	0.000000	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		55,394,941	1.00
2.00	Outlier payments for discharges. (see instructions)		1,486,643	2.00
3.00	Managed Care Simulated Payments		19,789,761	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		375.76	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		9.00	11.00
12.00	Current year allowable FTE (see instructions)		9.00	12.00
13.00	Total allowable FTE count for the prior year.		8.51	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.		7.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.34	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		8.34	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.022195	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.017558	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.017558	21.00
22.00	IME payment adjustment (see instructions)		718,014	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		718,014	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.69	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.71	31.00
32.00	Sum of lines 30 and 31		33.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.78	33.00
34.00	Disproportionate share adjustment (see instructions)		9,295,271	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		66,894,869	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)		66,894,869	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,909,630	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).		300,290	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/15/2012 2:15 pm
		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)			72,104,789 59.00
60.00	Primary payer payments			52,894 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			72,051,895 61.00
62.00	Deductibles billed to program beneficiaries			5,277,459 62.00
63.00	Coinsurance billed to program beneficiaries			417,657 63.00
64.00	Allowable bad debts (see instructions)			1,809,275 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,266,493 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,442,488 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			67,623,272 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)			67,623,272 71.00
72.00	Interim payments			66,966,235 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)			657,037 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			61,080 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			19,885,642 2.00
3.00	PPS payments			18,704,131 3.00
4.00	Outlier payment (see instructions)			50,466 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			61,080 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			289,296 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)			289,296 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			289,296 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			228,216 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)			61,080 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)			18,754,597 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,130,923 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)			14,684,754 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			90,484 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)			14,775,238 30.00
31.00	Primary payer payments			18,551 31.00
32.00	Subtotal (line 30 minus line 31)			14,756,687 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			304,180 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			212,926 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			234,142 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			14,969,613 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)			14,969,613 40.00
41.00	Interim payments			14,762,293 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)			207,320 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/15/2012 2:15 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260104 Component CCN: 26S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			2,205 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,092,483 2.00
3.00	PPS payments			1,256,072 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			2,205 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			10,436 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)			10,436 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			10,436 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			8,231 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)			2,205 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)			1,256,072 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			268,953 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)			989,324 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)			989,324 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			989,324 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			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)			989,324 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)			989,324 40.00
41.00	Interim payments			989,594 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)			-270 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260104 Component CCN: 26S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/15/2012 2:15 pm
	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: 260104

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

Worksheet E-1
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		66,909,335		14,742,293	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/18/2011	56,900	07/18/2011	20,000	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)		56,900		20,000	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)		66,966,235		14,762,293	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		657,037		207,320	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		67,623,272		14,969,613	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: 260104
Component CCN: 26S104

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

Worksheet E-1
Part I
Date/Time Prepared:
5/15/2012 2:15 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,620,718		989,594	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,620,718		989,594	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		21,098		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		270	6.02
7.00	Total Medicare program liability (see instructions)		3,641,816		989,324	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: 260104

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

Worksheet E-1
Part II
Date/Time Prepared:
5/15/2012 2:15 pm

		Title XVIII	Hospital	PPS		
					1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION						
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			20,561	1.00	
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			35,394	2.00	
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			11,718	3.00	
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			93,075	4.00	
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,099,930,803	5.00	
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			48,999,523	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)			3,116,325	8.00	
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH						
30.00	Initial /interim HIT payment(s)			0	30.00	
31.00	Other Adjustment (specify)			0	31.00	
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			3,116,325	32.00	
				Overrides		
				1.00		
CONTRACTOR OVERRIDES						
108.00	Override of HIT payment				108.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260104 Component CCN: 26S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,964,174 1.00
2.00	Net IPF PPS Outlier Payments			19,872 2.00
3.00	Net IPF PPS ECT Payments			38,534 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			26.194521 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,022,580 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)			4,022,580 16.00
17.00	Primary payer payments			24,608 17.00
18.00	Subtotal (line 16 less line 17).			3,997,972 18.00
19.00	Deductibles			288,404 19.00
20.00	Subtotal (line 18 minus line 19)			3,709,568 20.00
21.00	Coinurance			159,749 21.00
22.00	Subtotal (line 20 minus line 21)			3,549,819 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			131,424 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			91,997 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			117,841 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,641,816 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)			3,641,816 31.00
32.00	Interim payments			3,620,718 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)			21,098 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4	
		Title VIII	Hospital	Date/Time Prepared: 5/15/2012 2:15 pm	
				PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.00		10.00
11.00	Total weighted FTE count	0.00	8.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	8.02		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.01		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	7.34		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	7.34		17.00
18.00	Per resident amount	0.00	106,407.77		18.00
19.00	Approved amount for resident costs	0	781,033	781,033	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			781,033	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	40,837	12,245		26.00
27.00	Total Inpatient Days	102,636	102,636		27.00
28.00	Ratio of inpatient days to total inpatient days	0.397882	0.119305		28.00
29.00	Program direct GME amount	310,759	93,181		29.00
30.00	Reduction for nursing/allied health		13,166		30.00
31.00	Net Program direct GME amount			390,774	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,557,474	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		69,846,469	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		77,502	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		69,768,967	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,041,410	42.00
43.00	Primary payer payments (see instructions)		18,551	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,022,859	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		90,791,826	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.768450	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.231550	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		390,774	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		300,290	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		90,484	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4		
		Title XIX	Hospital	Date/Time Prepared: 5/15/2012 2:15 pm		
					Cost	
					1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT						
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.				0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)				0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA				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))				0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)				0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				0.00	6.00
7.00	Enter the lesser of line 5 or line 6				0.00	7.00
		Primary Care	Other	Total		
		1.00	2.00	3.00		
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		8.00			10.00
11.00	Total weighted FTE count	0.00	8.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	8.02			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.01			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	7.34			14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00			15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00			16.00
17.00	Adjusted rolling average FTE count	0.00	7.34			17.00
18.00	Per resident amount	0.00	106,407.77			18.00
19.00	Approved amount for resident costs	0	781,033		781,033	19.00
					1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)				0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)				0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)				0.00	23.00
24.00	Multiply line 22 time line 23				0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)				781,033	25.00
		Inpatient Part A	Managed care			
		1.00	2.00	3.00		
COMPUTATION OF PROGRAM PATIENT LOAD						
26.00	Inpatient Days	19,597	11,116			26.00
27.00	Total Inpatient Days	102,636	102,636			27.00
28.00	Ratio of inpatient days to total inpatient days	0.190937	0.108305			28.00
29.00	Program direct GME amount	149,128	84,590			29.00
30.00	Reduction for nursing/allied health		11,953			30.00
31.00	Net Program direct GME amount				221,765	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/15/2012 2:15 pm
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			0 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			0 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			0 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			0 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			0 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.000000 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.000000 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			221,765 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			0 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			0 50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 260104 Period: From 01/01/2011 To 12/31/2011 Worksheet G
 Date/Time Prepared: 5/15/2012 2:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,656,167	0	0	0	1.00
2.00	Temporary investments	-2,267,561	0	0	0	2.00
3.00	Notes receivable	44,508,277	0	0	0	3.00
4.00	Accounts receivable	176,176	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,671,160	0	0	0	7.00
8.00	Prepaid expenses	1,714,374	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)	53,458,593	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,615,392	0	0	0	12.00
13.00	Land improvements	3,791,937	0	0	0	13.00
14.00	Accumulated depreciation	-1,986,733	0	0	0	14.00
15.00	Buildings	57,874,192	0	0	0	15.00
16.00	Accumulated depreciation	-25,233,966	0	0	0	16.00
17.00	Leasehold improvements	527,624	0	0	0	17.00
18.00	Accumulated depreciation	-237,040	0	0	0	18.00
19.00	Fixed equipment	2,932,283	0	0	0	19.00
20.00	Accumulated depreciation	-1,911,648	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	68,201,302	0	0	0	23.00
24.00	Accumulated depreciation	-51,803,009	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	61,770,334	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,420,809	992,698	138,956	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,528,500	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,949,309	992,698	138,956	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	119,178,236	992,698	138,956	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,011,436	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,481,653	0	0	0	38.00
39.00	Payroll taxes payable	278,414	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,152,603	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	-917,266	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	22,006,840	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,860,987	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	19,633,497	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	47,494,484	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,501,324	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	49,676,912				52.00
53.00	Specific purpose fund		992,698			53.00
54.00	Donor created - endowment fund balance - restricted			138,956		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	49,676,912	992,698	138,956	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	119,178,236	992,698	138,956	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260104

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

Worksheet G-1

Date/Time Prepared:
5/15/2012 2:15 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		40,317,203		1,120,196	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		14,085,894			2.00
3.00	Total (sum of line 1 and line 2)		54,403,097		1,120,196	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	TRANSFERS FROM OTHER FUNDS	3,001,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,001,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		57,404,097		1,120,196	11.00
12.00	Deductions (debit adjustments) (specify)	0		127,498		12.00
13.00	CORPORATE OFFICE	7,727,185		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		7,727,185		127,498	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		49,676,912		992,698	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260104

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

Worksheet G-1

Date/Time Prepared:
5/15/2012 2:15 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		138,956			0	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		138,956			0	3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 TRANSFERS FROM OTHER FUNDS	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0			0	10.00
11.00 Subtotal (line 3 plus line 10)		138,956			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 CORPORATE OFFICE	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		138,956			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260104

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

Worksheet G-2 Parts

Date/Time Prepared:
5/15/2012 2:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	156,416,310		156,416,310	1.00
2.00	SUBPROVIDER - IPF	13,974,111		13,974,111	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	170,390,421		170,390,421	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,940,499		41,940,499	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,940,499		41,940,499	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	212,330,920		212,330,920	17.00
18.00	Ancillary services	443,754,236	472,945,957	916,700,193	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NON REIMB/PRO FEES	6,848,319	4,997,647	11,845,966	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	662,933,475	477,943,604	1,140,877,079	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,047,012		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		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)		316,047,012		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 260104

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

Worksheet G-3

Date/Time Prepared:
5/15/2012 2:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,140,877,079	1.00
2.00	Less contractual allowances and discounts on patients' accounts	819,073,791	2.00
3.00	Net patient revenues (line 1 minus line 2)	321,803,288	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	316,047,012	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,756,276	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	107,561	6.00
7.00	Income from investments	122,831	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	9,414	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,565,133	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	69,033	17.00
18.00	Revenue from sale of medical records and abstracts	18,430	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	164,884	22.00
23.00	Governmental appropriations	343,887	23.00
24.00	OTHER (SPECIFY)	5,928,445	24.00
25.00	Total other income (sum of lines 6-24)	8,329,618	25.00
26.00	Total (line 5 plus line 25)	14,085,894	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)	14,085,894	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260104	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			4,464,043 1.00
2.00	Capital DRG outlier payments			92,035 2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)			257.93 3.00
4.00	Number of interns & residents (see instructions)			8.34 4.00
5.00	Indirect medical education percentage (see instructions)			0.92 5.00
6.00	Indirect medical education adjustment (line 1 times line 5)			41,069 6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)			4.69 7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)			28.71 8.00
9.00	Sum of lines 7 and 8			33.40 9.00
10.00	Allowable disproportionate share percentage (see instructions)			7.00 10.00
11.00	Disproportionate share adjustment (line 1 times line 10)			312,483 11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)			4,909,630 12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)			0 1.00
2.00	Program inpatient ancillary capital cost (see instructions)			0 2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0 3.00
4.00	Capital cost payment factor (see instructions)			0 4.00
5.00	Total inpatient program capital cost (line 3 x line 4)			0 5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)			0 1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)			0 2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)			0 3.00
4.00	Applicable exception percentage (see instructions)			0.00 4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)			0 5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)			0.00 6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			0 7.00
8.00	Capital minimum payment level (line 5 plus line 7)			0 8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)			0 9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			0 10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)			0 11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			0 12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)			0 13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)			0 14.00
15.00	Current year allowable operating and capital payment (see instructions)			0 15.00
16.00	Current year operating and capital costs (see instructions)			0 16.00
17.00	Current year exception offset amount (see instructions)			0 17.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260104 Component CCN: 26S104	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/15/2012 2:15 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		0	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		0.00	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		0	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00