

PART I - COST REPORT STATUS Date: 5/28/2012 Time: 11:22 am

Provider use only 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status (1) As submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 04
 12. 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 CHRISTIAN HOSPITAL NORTHEAST for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/28/2012 Time: 11:22 am
 C.RUJq9cz3AP6R1PkQEUGJ6JsKfgT0
 s3:640tPdqlbbjKne4soYXw7Ccrzoz
 Z6yz1YjrUa0EjBq5
 PI: Date: 5/28/2012 Time: 11:22 am
 uHAQLdbPIIHfdrJQbidWA5rBCoZASc1
 ks.DC0tOCJQyrYbtdF0iqhMmuKzudi
 gsm1sjsV6B0SQpmw

(signed) J. Katsianis
 Officer or Administrator of Provider(s)
 Title VP & CEO
 Date 05/29/2012

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-171,767	3,887	0	4,174,709	1.00
2.00 Subprovider - IPF	0	820	0	0	0	2.00
3.00 Subprovider - IRF	0	-5,000	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-175,947	3,887	0	4,174,709	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 11:20 am
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1.00	2.00		3.00		4.00			1.00
Hospital and Hospital Health Care Complex Address:								
1.00	Street: 11133 DUNN ROAD		PO Box:					1.00
2.00	City: ST. LOUIS		State: MO		Zip Code: 63136-		County: ST. LOUIS COUNTY	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CHRISTIAN HOSPITAL NORTHEAST	260180	41180	1	09/27/1975	N	P	P	3.00
4.00	Subprovider - IPF	PSYCH	26S180	41180	4	01/01/2003	N	P	O	4.00
5.00	Subprovider - IRF	REHAB	26T180	41180	5	12/08/1983	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	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)	4		21.00

Inpatient PPS Information			Y	N	
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.				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	10,447	568	998	77	1,264	0	24.00
25.00	197	0	30	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
		Beginning:	Ending:	
1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00

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		Beginning: 1.00	Ending: 2.00			
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)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscribed lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010		0.00	0.85	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					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			
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)		N		0	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.		Y		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)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				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.		3,000,000	99,999,999,999	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

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		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	269026			140.00
		1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BJC HEALTH CARE	Contractor's Name: WPS		Contractor's Number: 05301			141.00
142.00	Street: 4444 FOREST PARK BLVD	PO Box:					142.00
143.00	City: ST. LOUIS	State: MO		Zip Code: 63108			143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y				144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y				145.00
						1.00	
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		N		161.00
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N			165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N			167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 11:20 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	04/18/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

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

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost

22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	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	N		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	Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00

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.	N		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

		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	04/18/2012	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)			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.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

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	369	134,685	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)		369	134,685	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	27	9,855	0.00	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)		422	154,030	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		460			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
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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	31,337	10,818		64,476	1.00
2.00 HMO		6,406	1,264			2.00
3.00 HMO IPF		71	0			3.00
4.00 HMO IRF		170	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0		0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0		0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	31,337	10,818		64,476	7.00
8.00 INTENSIVE CARE UNIT	0	2,733	620		7,427	8.00
9.00 CORONARY CARE UNIT	0	4,347	652		5,417	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)	0	38,417	12,090		77,320	14.00
15.00 CAH visits	0	0	0		0	15.00
16.00 SUBPROVIDER - IPF	0	1,708	922		3,911	16.00
17.00 SUBPROVIDER - IRF	0	2,837	227		4,192	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0		1,173	28.00
28.01 SUBPROVIDER - IPF					0	28.01
28.02 SUBPROVIDER - IRF					0	28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)					776	30.00
31.00 Employee discount days - IRF					0	31.00
32.00 Labor & delivery days (see instructions)			0		0	32.00
33.00 LTCH non-covered days		0				33.00

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	6,183	1.00
2.00 HMO					1,212	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)	0.00	1,732.70	0.00	0	6,183	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	21.20	0.00	0	197	16.00
17.00 SUBPROVIDER - IRF	0.00	19.70	0.00	0	195	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,773.60	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
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

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)	2,052	15,177	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)	2,052	15,177	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	153	567	16.00
17.00 SUBPROVIDER - IRF	13	281	17.00
18.00 SUBPROVIDER			18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
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

	Worksheet A Line Number	Amount Reported	Reclassificati 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	91,801,220	0	91,801,220	3,657,485.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		0	0	0	0.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		318,945	0	318,945	3,947.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	65,219	65,219	2,448.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		7,450,558	126,745	7,577,303	343,044.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		2,813,896	0	2,813,896	44,374.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		771,081	0	771,081	8,808.00
14.00	Home office salaries & wage-related costs		10,944,141	0	10,944,141	291,733.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		24,183,974	0	24,183,974	
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		2,184,010	0	2,184,010	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		91,930	0	91,930	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	871,380	105,632	977,012	32,185.00
27.00	Administrative & General	5.00	8,463,750	-371,888	8,091,862	319,537.00
28.00	Administrative & General under contract (see inst.)		693,206	0	693,206	4,519.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	2,386,484	22,005	2,408,489	111,709.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00
32.00	Housekeeping	9.00	1,669,161	0	1,669,161	163,228.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	0	0	0	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	0	0	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	2,250,088	0	2,250,088	71,804.00
39.00	Central Services and Supply	14.00	396,793	0	396,793	23,956.00
40.00	Pharmacy	15.00	2,850,841	0	2,850,841	72,670.00
41.00	Medical Records & Medical Records Library	16.00	3,191,155	93,506	3,284,661	133,478.00
42.00	Social Service	17.00	748,980	0	748,980	26,552.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.10	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	80.81	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	26.64	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)	22.09	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	63.41	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	87.54	13.00
14.00	Home office salaries & wage-related costs	37.51	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.36	26.00
27.00	Administrative & General	25.32	27.00
28.00	Administrative & General under contract (see inst.)	153.40	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	21.56	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	10.23	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	31.34	38.00
39.00	Central Services and Supply	16.56	39.00
40.00	Pharmacy	39.23	40.00
41.00	Medical Records & Medical Records Library	24.61	41.00
42.00	Social Service	28.21	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 260180

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2012 11:20 am

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	92,175,481	-65,219	92,110,262	3,655,609.00	1.00
2.00	Excluded area salaries (see instructions)	7,450,558	126,745	7,577,303	343,044.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,724,923	-191,964	84,532,959	3,312,565.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,529,118	0	14,529,118	344,915.00	4.00
5.00	Subtotal wage-related costs (see inst.)	24,183,974	0	24,183,974	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	123,438,015	-191,964	123,246,051	3,657,480.00	6.00
7.00	Total overhead cost (see instructions)	23,521,838	-150,745	23,371,093	959,638.00	7.00

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.20	1.00
2.00	Excluded area salaries (see instructions)	22.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	42.12	4.00
5.00	Subtotal wage-related costs (see inst.)	28.61	5.00
6.00	Total (sum of lines 3 thru 5)	33.70	6.00
7.00	Total overhead cost (see instructions)	24.35	7.00

		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	0	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)	0	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	0	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	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: 260180

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

		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)	0.270021			1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	23,248,832			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	21,797,706			5.00
6.00	Medicaid charges	121,237,466			6.00
7.00	Medicaid cost (line 1 times line 6)	32,736,662			7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0			8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	0			9.00
10.00	Stand-alone SCHIP charges	0			10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0			11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0			12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0			14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0			15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0			16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0			18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	0			19.00
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		49,444,289	9,559,511	59,003,800
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		13,350,996	2,581,269	15,932,265
22.00	Partial payment by patients approved for charity care		865,275	167,291	1,032,566
23.00	Cost of charity care (line 21 minus line 22)		12,485,721	2,413,978	14,899,699
					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)				18,816,334 26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,737,131 27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				17,079,203 28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				4,611,743 29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				19,511,442 30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				19,511,442 31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 260180		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/28/2012 11:20 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT		0	0	6,268,998	6,268,998	1.00
1.01	NEW CAP REL COSTS-WHSE		0	0	5,482	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG		0	0	16,292	16,292	1.02
1.03	NEW CAP REL COSTS-PFD		0	0	188,605	188,605	1.03
1.04	NEW CAP REL COSTS-CHIP		0	0	221,593	221,593	1.04
1.05	NEW CAP REL COSTS-POB I		0	0	387,132	387,132	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB		0	0	340,748	340,748	1.06
1.07	NEW CAP REL COSTS-NW BUILDING		0	0	734,836	734,836	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,536,360	8,536,360	2.00
3.00	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	871,380	2,547,618	3,418,998	385,420	3,804,418	4.00
5.01	ADMITTING	1,841,893	692,274	2,534,167	231,989	2,766,156	5.01
5.02	CASHIERING	108	17,440	17,548	0	17,548	5.02
5.03	MENTAL HEALTH ADMINISTRATION	159,210	247,307	406,517	30,000	436,517	5.03
5.04	ADMINISTRATIVE & GENERAL	6,462,539	64,476,376	70,938,915	-12,154,796	58,784,119	5.04
7.00	OPERATION OF PLANT	2,310,339	4,581,734	6,892,073	589,744	7,481,817	7.00
7.01	OPERATION OF PLANT- POB I	2,183	911	3,094	0	3,094	7.01
7.02	OPERATION OF PLANT NW	73,962	370,236	444,198	0	444,198	7.02
8.00	LAUNDRY & LINEN SERVICE	0	1,203,514	1,203,514	-217	1,203,297	8.00
9.00	HOUSEKEEPING	1,388,016	1,451,131	2,839,147	-2,924	2,836,223	9.00
9.01	HOUSEKEEPING-POB I	118,557	80,527	199,084	0	199,084	9.01
9.02	HOUSEKEEPING NW	162,588	185,835	348,423	0	348,423	9.02
10.00	DIETARY	0	3,232,769	3,232,769	-21,981	3,210,788	10.00
11.00	CAFETERIA	0	1,961,000	1,961,000	-21,183	1,939,817	11.00
13.00	NURSING ADMINISTRATION	2,250,088	1,439,382	3,689,470	-540,916	3,148,554	13.00
14.00	CENTRAL SERVICES & SUPPLY	396,793	2,064,434	2,461,227	-1,904,075	557,152	14.00
15.00	PHARMACY	2,850,841	12,672,787	15,523,628	-11,046,051	4,477,577	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,191,155	2,296,666	5,487,821	141,859	5,629,680	16.00
17.00	SOCIAL SERVICE	748,980	237,794	986,774	0	986,774	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	65,219	65,219	21.00
23.00	PARAMED ED PRGM	0	0	0	33,222	33,222	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,534,678	9,876,464	28,411,142	-726,913	27,684,229	30.00
31.00	INTENSIVE CARE UNIT	5,226,912	2,694,975	7,921,887	-467,408	7,454,479	31.00
32.00	CORONARY CARE UNIT	3,028,661	1,344,965	4,373,626	-185,296	4,188,330	32.00
40.00	SUBPROVIDER - IPF	1,144,961	339,341	1,484,302	-6,050	1,478,252	40.00
41.00	SUBPROVIDER - IRF	991,523	339,447	1,330,970	34,335	1,365,305	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,693,412	14,707,589	19,401,001	-9,838,039	9,562,962	50.00
51.00	RECOVERY ROOM	526,534	277,561	804,095	-75,548	728,547	51.00
53.00	ANESTHESIOLOGY	0	5,848,528	5,848,528	-343,974	5,504,554	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,638,264	4,504,468	9,142,732	-1,033,889	8,108,843	54.00
57.00	CT SCAN	692,680	900,924	1,593,604	-321,296	1,272,308	57.00
59.00	CARDIAC CATHETERIZATION	995,716	7,360,622	8,356,338	-6,335,092	2,021,246	59.00
60.00	LABORATORY	5,396,366	7,140,772	12,537,138	-843,132	11,694,006	60.00
60.01	G.I. LAB	635,572	860,329	1,495,901	-226,556	1,269,345	60.01
60.02	VASCULAR LAB	285,726	102,424	388,150	-30,487	357,663	60.02
60.03	LABORATORY-PATHOLOGY	259,029	297,091	556,120	67,933	624,053	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	292,092	2,428,199	2,720,291	530,986	3,251,277	63.00
65.00	RESPIRATORY THERAPY	3,411,144	1,817,630	5,228,774	-124,415	5,104,359	65.00
66.00	PHYSICAL THERAPY	1,847,425	627,411	2,474,836	-276,381	2,198,455	66.00
67.00	OCCUPATIONAL THERAPY	647,593	191,044	838,637	199,121	1,037,758	67.00
68.00	SPEECH PATHOLOGY	215,584	73,353	288,937	63,065	352,002	68.00
69.00	ELECTROCARDIOLOGY	555,730	316,773	872,503	-74,706	797,797	69.00
70.00	ELECTROENCEPHALOGRAPHY	423,892	177,474	601,366	-18,173	583,193	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,772,614	7,772,614	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,201,109	11,201,109	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	10,970,434	10,970,434	73.00
74.00	RENAL DIALYSIS	0	1,840,828	1,840,828	-30,602	1,810,226	74.00
76.00	SHOCK THERAPY	99,120	38,773	137,893	-181	137,712	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	584,219	622,507	1,206,726	-11,369	1,195,357	76.01
76.02	DIABETES CARE CENTER	250,264	562,641	812,905	0	812,905	76.02
76.03	OP PSYCH	394,432	311,379	705,811	-12,654	693,157	76.03
76.04	CARDIAC REHAB	148,198	85,768	233,966	-25,143	208,823	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	237,244	237,244	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	7,738,787	7,288,645	15,027,432	-704,738	14,322,694	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	4,297,701	2,478,123	6,775,824	-524,060	6,251,764	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Salaries	other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)					118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
190.01	0	0	0	0	0	190.01
190.02	0	0	0	0	0	190.02
190.03	0	0	0	0	0	190.03
190.04	0	0	0	0	0	190.04
190.05	0	0	0	0	0	190.05
190.06	0	0	0	0	0	190.06
190.07	0	0	0	0	0	190.07
190.08	0	0	0	0	0	190.08
190.09	0	225,496	225,496	-3,459	222,037	190.09
190.10	555,217	4,845,385	5,400,602	-128	5,400,474	190.10
190.11	208,249	842,873	1,051,122	41,219	1,092,341	190.11
190.12	196,107	462,043	658,150	73,216	731,366	190.12
192.00	0	630,433	630,433	-630,433	0	192.00
192.01	56,800	861,902	918,702	-806,510	112,192	192.01
200.00	91,801,220	183,083,915	274,885,135	0	274,885,135	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Adjustments	Net Expenses	
		(See A-8)	For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-12,264	6,256,734	1.00
1.01	NEW CAP REL COSTS-WHSE	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	-6,764	181,841	1.03
1.04	NEW CAP REL COSTS-CHIP	-19,470	202,123	1.04
1.05	NEW CAP REL COSTS-POB I	-3,477	383,655	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	340,748	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	734,836	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-19,084	8,517,276	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-98,235	3,706,183	4.00
5.01	ADMITTING	-143,717	2,622,439	5.01
5.02	CASHIERING	-8	17,540	5.02
5.03	MENTAL HEALTH ADMINISTRATION	-211,521	224,996	5.03
5.04	ADMINISTRATIVE & GENERAL	-17,688,754	41,095,365	5.04
7.00	OPERATION OF PLANT	-184,070	7,297,747	7.00
7.01	OPERATION OF PLANT- POB I	-155	2,939	7.01
7.02	OPERATION OF PLANT NW	-6,833	437,365	7.02
8.00	LAUNDRY & LINEN SERVICE	0	1,203,297	8.00
9.00	HOUSEKEEPING	-98,830	2,737,393	9.00
9.01	HOUSEKEEPING-POB I	-8,442	190,642	9.01
9.02	HOUSEKEEPING NW	-11,577	336,846	9.02
10.00	DIETARY	0	3,210,788	10.00
11.00	CAFETERIA	-1,314,367	625,450	11.00
13.00	NURSING ADMINISTRATION	-160,212	2,988,342	13.00
14.00	CENTRAL SERVICES & SUPPLY	-28,253	528,899	14.00
15.00	PHARMACY	-209,114	4,268,463	15.00
16.00	MEDICAL RECORDS & LIBRARY	-277,484	5,352,196	16.00
17.00	SOCIAL SERVICE	-53,329	933,445	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	65,219	21.00
23.00	PARAMED ED PRGM	-2,209	31,013	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-3,875,839	23,808,390	30.00
31.00	INTENSIVE CARE UNIT	-372,169	7,082,310	31.00
32.00	CORONARY CARE UNIT	-215,648	3,972,682	32.00
40.00	SUBPROVIDER - IPF	-81,524	1,396,728	40.00
41.00	SUBPROVIDER - IRF	-76,936	1,288,369	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-711,615	8,851,347	50.00
51.00	RECOVERY ROOM	-37,490	691,057	51.00
53.00	ANESTHESIOLOGY	-5,252,074	252,480	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-735,662	7,373,181	54.00
57.00	CT SCAN	-49,320	1,222,988	57.00
59.00	CARDIAC CATHETERIZATION	-71,029	1,950,217	59.00
60.00	LABORATORY	-914,820	10,779,186	60.00
60.01	G.I. LAB	-48,239	1,221,106	60.01
60.02	VASCULAR LAB	-20,344	337,319	60.02
60.03	LABORATORY-PATHOLOGY	-22,048	602,005	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	-38,575	3,212,702	63.00
65.00	RESPIRATORY THERAPY	-630,003	4,474,356	65.00
66.00	PHYSICAL THERAPY	-147,059	2,051,396	66.00
67.00	OCCUPATIONAL THERAPY	-58,454	979,304	67.00
68.00	SPEECH PATHOLOGY	-18,990	333,012	68.00
69.00	ELECTROCARDIOLOGY	-46,576	751,221	69.00
70.00	ELECTROENCEPHALOGRAPHY	-31,062	552,131	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,772,614	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	11,201,109	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,970,434	73.00
74.00	RENAL DIALYSIS	0	1,810,226	74.00
76.00	SHOCK THERAPY	-7,058	130,654	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	-350,303	845,054	76.01
76.02	DIABETES CARE CENTER	-114,605	698,300	76.02
76.03	OP PSYCH	-30,226	662,931	76.03
76.04	CARDIAC REHAB	-10,552	198,271	76.04
76.98	HYPERBARIC OXYGEN THERAPY	-8,054	229,190	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	-3,906,012	10,416,682	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-307,678	5,944,086	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-38,748,133	228,578,592	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 260180

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

Worksheet A

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Adjustments	Net Expenses	
		(See A-8)	For Allocation	
		6.00	7.00	
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	VISITOR MEALS	0	0	190.01
190.02	NON REIMBURSABLE B BLDG	0	0	190.02
190.03	NON REIMB NW BUILDING	0	0	190.03
190.04	NON REIMBURSABLE CHIP	0	0	190.04
190.05	NON REIMBURSABLE PFD	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	190.06
190.07	NON REIMBURSABLE POB I	0	0	190.07
190.08	MEALS ON WHEELS	0	0	190.08
190.09	CATERING	0	222,037	190.09
190.10	RETAIL PHARMACY	-39,533	5,360,941	190.10
190.11	MARKETING	-16,461	1,075,880	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	-15,515	715,851	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	-4,043	108,149	192.01
200.00	TOTAL (SUM OF LINES 118-199)	-38,823,685	236,061,450	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASS CHIEF OF GYNECOLOGY					
1.00	ADULTS & PEDIATRICS	30.00	0	15,000	1.00
	TOTALS		0	15,000	
B - TO RECLASS CHIEF OF PSYCHIATRY					
1.00	MENTAL HEALTH ADMINISTRATION	5.03	15,000	15,000	1.00
	TOTALS		15,000	15,000	
C - TO RECLASS PHARMACEUTICALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,970,434	1.00
	TOTALS		0	10,970,434	
D - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,001,767	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	TOTALS		0	19,001,767	
E - TO RECLASS PROF FEES					
1.00	SUBPROVIDER - IRF	41.00	51,000	0	1.00
	TOTALS		51,000	0	
F - TO RECLASS HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	113,117	124,127	1.00
	TOTALS		113,117	124,127	
G - TO RECLASS GI MEDICAL DIRECTOR					
1.00	G.I. LAB	60.01	9,000	0	1.00
	TOTALS		9,000	0	
H - TO RECLASS CARDIOTHORACIC SURGEON					
1.00	OPERATING ROOM	50.00	0	50,000	1.00
	TOTALS		0	50,000	
I - TO RECLASS POB I EXPENSES					
1.00	NEW CAP REL COSTS-POB I	1.05	0	148,071	1.00
2.00	NEW CAP REL COSTS-POB I	1.05	0	239,061	2.00
3.00	ADMINISTRATIVE & GENERAL	5.04	0	68,017	3.00
4.00	OPERATION OF PLANT	7.00	0	175,284	4.00
	TOTALS		0	630,433	
J - TO RECLASS PURCHASING VARIANCE					
1.00	ADMINISTRATIVE & GENERAL	5.04	0	16,031	1.00
	TOTALS		0	16,031	
K - TO RECLASS DEPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,129,654	1.00
2.00	NEW CAP REL COSTS-WHSE	1.01	0	5,482	2.00
3.00	NEW CAP REL COSTS-B BLDG	1.02	0	16,292	3.00
4.00	NEW CAP REL COSTS-PFD	1.03	0	111,796	4.00
5.00	NEW CAP REL COSTS-GRAHAM MOB	1.06	0	89,615	5.00
6.00	NEW CAP REL COSTS-NW BUILDING	1.07	0	734,836	6.00
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	8,294,378	7.00
	TOTALS		0	15,382,053	
L - TO RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	139,344	1.00
2.00	NEW CAP REL COSTS-PFD	1.03	0	76,809	2.00
3.00	NEW CAP REL COSTS-CHIP	1.04	0	221,593	3.00
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	241,982	4.00
	TOTALS		0	679,728	
M - TO RECLASS CHIEF OF SURGERY					
1.00	OPERATING ROOM	50.00	0	30,000	1.00
	TOTALS		0	30,000	
N - TO RECLASS PHYSICIAN FEES					
1.00	ELECTROCARDIOLOGY	69.00	15,000	0	1.00
	TOTALS		15,000	0	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
O - TO RECLASS LAB ADMIN FEES						
1.00	LABORATORY-PATHOLOGY	60.03	50,624	57,941	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	247,630	283,421	2.00	
TOTALS			298,254	341,362		
P - TO RECLASS REHAB ADMIN						
1.00	OCCUPATIONAL THERAPY	67.00	153,559	45,676	1.00	
2.00	SPEECH PATHOLOGY	68.00	51,120	17,538	2.00	
TOTALS			204,679	63,214		
Q - TO RECLASS ADMISSION KITS						
1.00	ADULTS & PEDIATRICS	30.00	0	26,560	1.00	
2.00	SUBPROVIDER - IRF	41.00	0	492	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	992	3.00	
TOTALS			0	28,044		
R - TO RECLASS DEPARTMENTAL DEPREC						
1.00	ADMINISTRATIVE & GENERAL	5.04	0	4,826,625	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
TOTALS			0	4,826,625		
S - TO RECLASS CHAPLAIN RESIDENTS						
1.00	PARAMED ED PRGM	23.00	31,025	2,197	1.00	
TOTALS			31,025	2,197		
T - TO RECLASS NORTH REGION SPLIT						
1.00	EMPLOYEE BENEFITS	4.00	105,632	286,378	1.00	
2.00	ADMITTING	5.01	176,539	55,955	2.00	
3.00	OPERATION OF PLANT	7.00	22,005	14,521	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	93,506	49,659	4.00	
5.00	MARKETING	190.11	22,930	18,289	5.00	
6.00	PHYSICIAN PRACTICE DEVELOPMENT	190.12	21,790	51,426	6.00	
TOTALS			442,402	476,228		
U - TO RECLASS GRAHAM MOB EXPENSES						
1.00	NEW CAP REL COSTS--GRAHAM MOB	1.06	0	221,535	1.00	
2.00	NEW CAP REL COSTS--GRAHAM MOB	1.06	0	29,598	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.04	0	148,164	3.00	

		Increases				
Cost Center		Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	OPERATION OF PLANT	7.00	0	407,213	4.00	
	TOTALS		0	806,510		
V - TO RECLASS INTERNS AND RESIDENT COST						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	65,219	0	1.00	
	TOTALS		65,219	0		
W - TO RECLASS MEDICAL IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,201,109	1.00	
	TOTALS		0	11,201,109		
500.00	Grand Total: Increases		1,244,696	64,659,862	500.00	

		Decreases				wkst. A-7 Ref.		
Cost Center		Line #	Salary	Other				
6.00		7.00	8.00	9.00	10.00			
A - TO RECLASS CHIEF OF GYNECOLOGY								
1.00		5.04	0	15,000	0		1.00	
	TOTALS		0	15,000				
B - TO RECLASS CHIEF OF PSYCHIATRY								
1.00	ADMINISTRATIVE & GENERAL	5.04	15,000	15,000	0		1.00	
	TOTALS		15,000	15,000				
C - TO RECLASS PHARMACEUTICALS								
1.00	PHARMACY	15.00	0	10,970,434	0		1.00	
	TOTALS		0	10,970,434				
D - TO RECLASS MEDICAL SUPPLIES								
1.00	ADULTS & PEDIATRICS	30.00	0	586,878	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	301,312	0		2.00	
3.00	CORONARY CARE UNIT	32.00	0	79,429	0		3.00	
4.00	SUBPROVIDER - IRF	41.00	0	14,656	0		4.00	
5.00	SUBPROVIDER - IPF	40.00	0	2,547	0		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,844,420	0		6.00	
7.00	OPERATING ROOM	50.00	0	9,022,611	0		7.00	
8.00	RECOVERY ROOM	51.00	0	9,970	0		8.00	
9.00	ANESTHESIOLOGY	53.00	0	212,609	0		9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	596,387	0		10.00	
11.00	CARDIAC CATHETERIZATION	59.00	0	5,672,668	0		11.00	
12.00	RESPIRATORY THERAPY	65.00	0	11,181	0		12.00	
13.00	G.I. LAB	60.01	0	109,612	0		13.00	
14.00	EMERGENCY	91.00	0	537,487	0		14.00	
	TOTALS		0	19,001,767				
E - TO RECLASS PROF FEES								
1.00	ADMINISTRATIVE & GENERAL	5.04	51,000	0	0		1.00	
	TOTALS		51,000	0				
F - TO RECLASS HYPERBARIC OXYGEN								
1.00	OPERATING ROOM	50.00	113,117	124,127	0		1.00	
	TOTALS		113,117	124,127				
G - TO RECLASS GI MEDICAL DIRECTOR								
1.00	ADMINISTRATIVE & GENERAL	5.04	9,000	0	0		1.00	
	TOTALS		9,000	0				
H - TO RECLASS CARDIOTHORACIC SURGEON								
1.00	ADMINISTRATIVE & GENERAL	5.04	0	50,000	0		1.00	
	TOTALS		0	50,000				
I - TO RECLASS POB I EXPENSES								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	630,433	9		1.00	
2.00		0.00	0	0	11		2.00	
3.00		0.00	0	0	0		3.00	
4.00		0.00	0	0	0		4.00	
	TOTALS		0	630,433				
J - TO RECLASS PURCHASING VARIANCE								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,031	0		1.00	
	TOTALS		0	16,031				
K - TO RECLASS DEPRECIATION EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.04	0	15,382,053	9		1.00	
2.00		0.00	0	0	9		2.00	
3.00		0.00	0	0	9		3.00	
4.00		0.00	0	0	9		4.00	
5.00		0.00	0	0	9		5.00	
6.00		0.00	0	0	9		6.00	
7.00		0.00	0	0	9		7.00	
	TOTALS		0	15,382,053				
L - TO RECLASS INTEREST EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.04	0	679,728	11		1.00	
2.00		0.00	0	0	11		2.00	
3.00		0.00	0	0	11		3.00	
4.00		0.00	0	0	11		4.00	
	TOTALS		0	679,728				
M - TO RECLASS CHIEF OF SURGERY								
1.00	ADMINISTRATIVE & GENERAL	5.04	0	30,000	0		1.00	
	TOTALS		0	30,000				
N - TO RECLASS PHYSICIAN FEES								
1.00	ADMINISTRATIVE & GENERAL	5.04	15,000	0	0		1.00	
	TOTALS		15,000	0				
O - TO RECLASS LAB ADMIN FEES								
1.00	LABORATORY	60.00	298,254	341,362	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		298,254	341,362				

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
P - TO RECLASS REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	204,679	63,214	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			204,679	63,214			
Q - TO RECLASS ADMISSION KITS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	28,044	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	28,044			
R - TO RECLASS DEPARTMENTAL DEPREC							
1.00	EMPLOYEE BENEFITS	4.00	0	6,590	0		1.00
2.00	ADMITTING	5.01	0	505	0		2.00
3.00	OPERATION OF PLANT	7.00	0	29,279	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	217	0		4.00
5.00	HOUSEKEEPING	9.00	0	2,924	0		5.00
6.00	DIETARY	10.00	0	21,981	0		6.00
7.00	CAFETERIA	11.00	0	21,183	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	540,916	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,624	0		9.00
10.00	PHARMACY	15.00	0	75,617	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,306	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	116,376	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	166,096	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	105,867	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	2,501	0		15.00
16.00	SUBPROVIDER - IPF	40.00	0	4,495	0		16.00
17.00	OPERATING ROOM	50.00	0	658,184	0		17.00
18.00	RECOVERY ROOM	51.00	0	65,578	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	131,365	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	437,502	0		20.00
21.00	CT SCAN	57.00	0	321,296	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	662,424	0		22.00
23.00	LABORATORY	60.00	0	203,516	0		23.00
24.00	G.I. LAB	60.01	0	125,944	0		24.00
25.00	VASCULAR LAB	60.02	0	30,487	0		25.00
26.00	LABORATORY-PATHOLOGY	60.03	0	40,632	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	65	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	113,234	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	8,488	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	114	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	5,593	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	89,706	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,173	0		33.00
34.00	RENAL DIALYSIS	74.00	0	30,602	0		34.00
35.00	SHOCK THERAPY	76.00	0	181	0		35.00
36.00	PAIN MANAGEMENT & OP CHEMO	76.01	0	11,369	0		36.00
37.00	OP PSYCH	76.03	0	12,654	0		37.00
38.00	CARDIAC REHAB	76.04	0	25,143	0		38.00
39.00	EMERGENCY	91.00	0	167,251	0		39.00
40.00	AMBULANCE SERVICES	95.00	0	524,060	0		40.00
41.00	CATERING	190.09	0	3,459	0		41.00
42.00	RETAIL PHARMACY	190.10	0	128	0		42.00
TOTALS			0	4,826,625			
S - TO RECLASS CHAPLAIN RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.04	31,025	2,197	0		1.00
TOTALS			31,025	2,197			
T - TO RECLASS NORTH REGION SPLIT							
1.00	ADMINISTRATIVE & GENERAL	5.04	442,402	476,228	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			442,402	476,228			
U - TO RECLASS GRAHAM MOB EXPENSES							
1.00	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	0	806,510	11		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			0	806,510			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
V - TO RECLASS INTERNS AND RESIDENT COST							
1.00	ADULTS & PEDIATRICS	30.00	65,219	0	0		1.00
	TOTALS		65,219	0			
W - TO RECLASS MEDICAL IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,201,109	0		1.00
	TOTALS		0	11,201,109			
500.00	Grand Total: Decreases		1,244,696	64,659,862			500.00

	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	1,290,262	0	0	0	0
2.00	Land Improvements	5,240,035	0	0	0	53,956
3.00	Buildings and Fixtures	103,442,276	346,566	0	346,566	0
4.00	Building Improvements	48,242,186	221,291	0	221,291	0
5.00	Fixed Equipment	1,429,265	6,548	0	6,548	0
6.00	Movable Equipment	82,041,739	5,927,707	0	5,927,707	0
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	241,685,763	6,502,112	0	6,502,112	53,956
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	241,685,763	6,502,112	0	6,502,112	53,956

SUMMARY OF CAPITAL					
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)
	9.00	10.00	11.00	12.00	13.00

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	0
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	0
1.03	NEW CAP REL COSTS-PFD	0	0	0	0	0
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0
1.05	NEW CAP REL COSTS-POB I	0	0	0	0	0
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0
3.00	Total (sum of lines 1-2)	0	0	0	0	0

COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
	1.00	2.00	3.00	4.00	5.00

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0.000000	0
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0.000000	0
1.03	NEW CAP REL COSTS-PFD	0	0	0	0.000000	0
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0.000000	0
1.05	NEW CAP REL COSTS-POB I	0	0	0	0.000000	0
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0.000000	0
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0.000000	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,290,262	0		1.00		
2.00	Land Improvements	5,186,079	0		2.00		
3.00	Buildings and Fixtures	103,788,842	0		3.00		
4.00	Building Improvements	48,463,477	0		4.00		
5.00	Fixed Equipment	1,435,813	0		5.00		
6.00	Movable Equipment	87,969,446	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	248,133,919	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	248,133,919	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	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
1.01	NEW CAP REL COSTS-WHSE	0	0		1.01		
1.02	NEW CAP REL COSTS-B BLDG	0	0		1.02		
1.03	NEW CAP REL COSTS-PFD	0	0		1.03		
1.04	NEW CAP REL COSTS-CHIP	0	0		1.04		
1.05	NEW CAP REL COSTS-POB I	0	0		1.05		
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0		1.06		
1.07	NEW CAP REL COSTS-NW BUILDING	0	0		1.07		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,129,654	0	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	5,482	0	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	16,292	0	1.02
1.03	NEW CAP REL COSTS-PFD	0	0	0	111,796	0	1.03
1.04	NEW CAP REL COSTS-CHIP	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-POB I	0	0	0	148,071	0	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	0	0	0	119,213	0	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	734,836	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,294,378	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,559,722	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 260180

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	127,080	0	0	0	6,256,734	1.00
1.01	NEW CAP REL COSTS-WHSE	0	0	0	0	5,482	1.01
1.02	NEW CAP REL COSTS-B BLDG	0	0	0	0	16,292	1.02
1.03	NEW CAP REL COSTS-PFD	70,045	0	0	0	181,841	1.03
1.04	NEW CAP REL COSTS-CHIP	202,123	0	0	0	202,123	1.04
1.05	NEW CAP REL COSTS-POB I	235,584	0	0	0	383,655	1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB	221,535	0	0	0	340,748	1.06
1.07	NEW CAP REL COSTS-NW BUILDING	0	0	0	0	734,836	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	222,898	0	0	0	8,517,276	2.00
3.00	Total (sum of lines 1-2)	1,079,265	0	0	0	16,638,987	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-12,264	NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
1.01 Investment income - NEW CAP REL COSTS-WHSE (chapter 2)			NEW CAP REL COSTS-WHSE		1.01	1.01
1.02 Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)			NEW CAP REL COSTS-B BLDG		1.02	1.02
1.03 Investment income - NEW CAP REL COSTS-PFD (chapter 2)	B	-6,764	NEW CAP REL COSTS-PFD		1.03	1.03
1.04 Investment income - NEW CAP REL COSTS-CHIP (chapter 2)	B	-19,470	NEW CAP REL COSTS-CHIP		1.04	1.04
1.05 Investment income - NEW CAP REL COSTS-POB I (chapter 2)	B	-3,477	NEW CAP REL COSTS-POB I		1.05	1.05
1.06 Investment income - NEW CAP REL COSTS-GRAHAM MOB MOB (chapter 2)			NEW CAP REL COSTS-GRAHAM MOB		1.06	1.06
1.07 Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)			NEW CAP REL COSTS-NW BUILDING		1.07	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-19,084	NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-19,084	ADMINISTRATIVE & GENERAL		5.04	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-12,657,904				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-401	RADIOLOGY-DIAGNOSTIC		54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-6,230,642				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-1,314,367	CAFETERIA		11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
26.01 Depreciation - NEW CAP REL COSTS-WHSE			NEW CAP REL COSTS-WHSE		1.01	26.01
26.02 Depreciation - NEW CAP REL COSTS-B BLDG			NEW CAP REL COSTS-B BLDG		1.02	26.02
26.03 Depreciation - NEW CAP REL COSTS-PFD			NEW CAP REL COSTS-PFD		1.03	26.03
26.04 Depreciation - NEW CAP REL COSTS-CHIP			NEW CAP REL COSTS-CHIP		1.04	26.04
26.05 Depreciation - NEW CAP REL COSTS-POB I			NEW CAP REL COSTS-POB I		1.05	26.05
26.06 Depreciation - NEW CAP REL COSTS-GRAHAM MOB			NEW CAP REL COSTS-GRAHAM MOB		1.06	26.06
26.07 Depreciation - NEW CAP REL COSTS-NW BUILDING			NEW CAP REL COSTS-NW BUILDING		1.07	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00

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
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00	PENSION FUNDING	A	-4,802	EMPLOYEE BENEFITS	4.00 33.00
33.01	PSYCH PART B FEES	A	-192,348	MENTAL HEALTH ADMINISTRATION	5.03 33.01
33.02	NON ALLOWABLE ASSOC DUES	A	-19,246	ADMINISTRATIVE & GENERAL	5.04 33.02
33.03	BAD DEBT EXPENSE	A	-18,390,057	ADMINISTRATIVE & GENERAL	5.04 33.03
33.04	BAD DEBT EXPENSE LAB	A	-414,660	LABORATORY	60.00 33.04
33.05	GYN PART B PHYSICIAN FEES	A	-60,000	ADMINISTRATIVE & GENERAL	5.04 33.05
33.06	OTHER REVENUE P.T.	B	-26,016	PHYSICAL THERAPY	66.00 33.06
33.07	OTHER REVENUE O.T.	B	-1,410	OCCUPATIONAL THERAPY	67.00 33.07
33.08	OTHER REVENUE CHILD CARE CENTER	B	-738,344	ADMINISTRATIVE & GENERAL	5.04 33.08
33.09	INTEREST ON UNNECESSARY BORROWING	A	-1,581,708	ADMINISTRATIVE & GENERAL	5.04 33.09
33.10	FIN COST ON UNNECESSARY BORROWING	A	-78,780	ADMINISTRATIVE & GENERAL	5.04 33.10
33.11	OTHER REVENUE FITNESS CENTER	B	-15,629	EMPLOYEE BENEFITS	4.00 33.11
33.12	OTHER REVENUE RADIOLOGY	B	-284	RADIOLOGY-DIAGNOSTIC	54.00 33.12
33.13	ENTERTAINMENT EXPENSE	A	-42,532	ADMINISTRATIVE & GENERAL	5.04 33.13
33.14	EQUIPMENT RENTAL REVENUE	B	-73,592	ADMINISTRATIVE & GENERAL	5.04 33.14
33.15	RCE DISALLOWANCE	A	-2,745	ADMINISTRATIVE & GENERAL	5.04 33.15
33.16	RCE DISALLOWANCE	A	-7,837	MENTAL HEALTH ADMINISTRATION	5.03 33.16
33.17	MEDICAID TAX ASSESSMNT	A	13,190,464	ADMINISTRATIVE & GENERAL	5.04 33.17
33.19	MALPRACTICE ADJUSTMENT	A	-878,722	ADMINISTRATIVE & GENERAL	5.04 33.19
33.20	A&G PHYSICIAN PART B FEES	A	-770,714	ADMINISTRATIVE & GENERAL	5.04 33.20
33.21	OTHER REVENUE EMPLOYEE H&W	B	-221	EMPLOYEE BENEFITS	4.00 33.21
33.22	OTHER REVENUE ADMIN	B	-21,546	ADMINISTRATIVE & GENERAL	5.04 33.22
33.23	OTHER REVENUE LAB PATHOLOGY	B	-250	ADMINISTRATIVE & GENERAL	5.04 33.23
33.24	OTHER REVENUE AMBULANCE	B	-1,671	AMBULANCE SERVICES	95.00 33.24
33.25	OTHER REVENUE RESP THERAPY	B	-1,357	RESPIRATORY THERAPY	65.00 33.25
33.26	OTHER REVENUE PHARMACY	B	-6,127	PHARMACY	15.00 33.26
33.27	OTHER REVENUE LAB	B	-768	LABORATORY	60.00 33.27
33.28	OTHER REVEBUE DIABETES CENTER	B	-1,825	DIABETES CARE CENTER	76.02 33.28
33.30	NON OPERATING REVENUE ADMIN	B	-385,139	ADMINISTRATIVE & GENERAL	5.04 33.30
33.31	NON OPERATING REVENUE EMPLOYEE H&W	B	-4,420	EMPLOYEE BENEFITS	4.00 33.31
33.32	NON OPERATING REVENUE MED RECORDS	B	-43,608	MEDICAL RECORDS & LIBRARY	16.00 33.32
33.33	NON OPERATING REVENUE CARDIAC CATH	B	-132	CARDIAC CATHETERIZATION	59.00 33.33
33.34	NON OPERATING REVENUE RADIOLOGY	B	-3,311	RADIOLOGY-DIAGNOSTIC	54.00 33.34
33.35	ADVERTISING EXPENSE LAB	B	-320	LABORATORY	60.00 33.35
33.36	ADVERTISING EXPENSE ADMIN	B	-75	ADMINISTRATIVE & GENERAL	5.04 33.36
33.37	ADVERTISING EXPENSE SLEEP LAB	B	-880	ELECTROENCEPHALOGRAPHY	70.00 33.37
33.38	ADVERTISING EXPENSE RADIOLOGY	B	-6,964	RADIOLOGY-DIAGNOSTIC	54.00 33.38
33.39	ADVERTISING EXPENSE P.T.	B	-4,076	PHYSICAL THERAPY	66.00 33.39
33.40	ADVERTISING EXPENSE DIABETES CENTER	B	-74,961	DIABETES CARE CENTER	76.02 33.40
34.00	CHARITABLE CONTRIBUTIONS	A	-1,022,229	ADMINISTRATIVE & GENERAL	5.04 34.00
35.00	NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-3,597	EMPLOYEE BENEFITS	4.00 35.00
36.00	ASBESTOS REMOVAL	A	-19,568	OPERATION OF PLANT	7.00 36.00
37.00	LOSS ON UNNECESSARY BOROWING	A	-214,752	ADMINISTRATIVE & GENERAL	5.04 37.00
38.00	ASSTS RELEASED FROM RESTRICTED FUND	B	-77,000	ANESTHESIOLOGY	53.00 38.00
38.01	SELF FUNDED INSURANCE	A	-69,566	EMPLOYEE BENEFITS	4.00 38.01
38.02	SELF FUNDED INSURANCE	A	-143,717	ADMITTING	5.01 38.02
38.03	SELF FUNDED INSURANCE	A	-8	CASHIERING	5.02 38.03
38.04	SELF FUNDED INSURANCE	A	-11,336	MENTAL HEALTH ADMINISTRATION	5.03 38.04
38.05	SELF FUNDED INSURANCE	A	-426,439	ADMINISTRATIVE & GENERAL	5.04 38.05
38.06	SELF FUNDED INSURANCE	A	-164,502	OPERATION OF PLANT	7.00 38.06
38.07	SELF FUNDED INSURANCE	A	-155	OPERATION OF PLANT- POB I	7.01 38.07
38.08	SELF FUNDED INSURANCE	A	-6,833	OPERATION OF PLANT NW	7.02 38.08
38.09	SELF FUNDED INSURANCE	A	-98,830	HOUSEKEEPING	9.00 38.09
38.10	SELF FUNDED INSURANCE	A	-8,442	HOUSEKEEPING-POB I	9.01 38.10
38.11	SELF FUNDED INSURANCE	A	-11,577	HOUSEKEEPING NW	9.02 38.11
38.12	SELF FUNDED INSURANCE	A	-160,212	NURSING ADMINISTRATION	13.00 38.12
38.13	SELF FUNDED INSURANCE	A	-28,253	CENTRAL SERVICES & SUPPLY	14.00 38.13
38.14	SELF FUNDED INSURANCE	A	-202,987	PHARMACY	15.00 38.14
38.15	SELF FUNDED INSURANCE	A	-233,876	MEDICAL RECORDS & LIBRARY	16.00 38.15
38.16	SELF FUNDED INSURANCE	A	-53,329	SOCIAL SERVICE	17.00 38.16
38.17	SELF FUNDED INSURANCE	A	-2,209	PARAMED ED PRGM	23.00 38.17
38.18	SELF FUNDED INSURANCE	A	-1,319,714	ADULTS & PEDIATRICS	30.00 38.18
38.19	SELF FUNDED INSURANCE	A	-372,169	INTENSIVE CARE UNIT	31.00 38.19
38.20	SELF FUNDED INSURANCE	A	-215,648	CORONARY CARE UNIT	32.00 38.20
38.21	SELF FUNDED INSURANCE	A	-70,599	SUBPROVIDER - IRF	41.00 38.21
38.22	SELF FUNDED INSURANCE	A	-81,524	SUBPROVIDER - IPF	40.00 38.22
38.23	SELF FUNDED INSURANCE	A	-326,128	OPERATING ROOM	50.00 38.23

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
38.24	SELF FUNDED INSURANCE	A	-37,490	RECOVERY ROOM	51.00	38.24
38.25	SELF FUNDED INSURANCE	A	-330,256	RADIOLOGY-DIAGNOSTIC	54.00	38.25
38.26	SELF FUNDED INSURANCE	A	-49,320	CT SCAN	57.00	38.26
38.27	SELF FUNDED INSURANCE	A	-70,897	CARDIAC CATHETERIZATION	59.00	38.27
38.28	SELF FUNDED INSURANCE	A	-362,998	LABORATORY	60.00	38.28
38.29	SELF FUNDED INSURANCE	A	-45,254	G.I. LAB	60.01	38.29
38.30	SELF FUNDED INSURANCE	A	-20,344	VASCULAR LAB	60.02	38.30
38.31	SELF FUNDED INSURANCE	A	-22,048	LABORATORY-PATHOLOGY	60.03	38.31
38.32	SELF FUNDED INSURANCE	A	-38,430	BLOOD STORING, PROCESSING & TRANS.	63.00	38.32
38.33	SELF FUNDED INSURANCE	A	-242,882	RESPIRATORY THERAPY	65.00	38.33
38.34	SELF FUNDED INSURANCE	A	-116,967	PHYSICAL THERAPY	66.00	38.34
38.35	SELF FUNDED INSURANCE	A	-57,044	OCCUPATIONAL THERAPY	67.00	38.35
38.36	SELF FUNDED INSURANCE	A	-18,990	SPEECH PATHOLOGY	68.00	38.36
38.37	SELF FUNDED INSURANCE	A	-39,569	ELECTROCARDIOLOGY	69.00	38.37
38.38	SELF FUNDED INSURANCE	A	-30,182	ELECTROENCEPHALOGRAPHY	70.00	38.38
38.39	SELF FUNDED INSURANCE	A	-7,058	SHOCK THERAPY	76.00	38.39
38.40	SELF FUNDED INSURANCE	A	-41,598	PAIN MANAGEMENT & OP CHEMO	76.01	38.40
38.41	SELF FUNDED INSURANCE	A	-17,819	DIABETES CARE CENTER	76.02	38.41
38.42	SELF FUNDED INSURANCE	A	-28,085	OP PSYCH	76.03	38.42
38.43	SELF FUNDED INSURANCE	A	-10,552	CARDIAC REHAB	76.04	38.43
38.44	SELF FUNDED INSURANCE	A	-8,054	HYPERBARIC OXYGEN THERAPY	76.98	38.44
38.45	SELF FUNDED INSURANCE	A	-551,020	EMERGENCY	91.00	38.45
38.46	SELF FUNDED INSURANCE	A	-306,007	AMBULANCE SERVICES	95.00	38.46
38.47	SELF FUNDED INSURANCE	A	-39,533	RETAIL PHARMACY	190.10	38.47
38.48	SELF FUNDED INSURANCE	A	-16,461	MARKETING	190.11	38.48
38.49	SELF FUNDED INSURANCE	A	-15,515	PHYSICIAN PRACTICE DEVELOPMENT	190.12	38.49
38.50	SELF FUNDED INSURANCE	A	-4,043	PHYSICIANS' PRIVATE OFFICES GRAHAM	192.01	38.50
39.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-38,823,685			50.00

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - NEW CAP REL COSTS-WHSE (chapter 2)	0	1.01
1.02	Investment income - NEW CAP REL COSTS-B BLDG (chapter 2)	0	1.02
1.03	Investment income - NEW CAP REL COSTS-PFD (chapter 2)	11	1.03
1.04	Investment income - NEW CAP REL COSTS-CHIP (chapter 2)	11	1.04
1.05	Investment income - NEW CAP REL COSTS-POB I (chapter 2)	11	1.05
1.06	Investment income - NEW CAP REL COSTS-GRAHAM MOB (chapter 2)	0	1.06
1.07	Investment income - NEW CAP REL COSTS-NW BUILDING (chapter 2)	0	1.07
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-WHSE	0	26.01
26.02	Depreciation - NEW CAP REL COSTS-B BLDG	0	26.02
26.03	Depreciation - NEW CAP REL COSTS-PFD	0	26.03
26.04	Depreciation - NEW CAP REL COSTS-CHIP	0	26.04
26.05	Depreciation - NEW CAP REL COSTS-POB I	0	26.05
26.06	Depreciation - NEW CAP REL COSTS-GRAHAM MOB	0	26.06
26.07	Depreciation - NEW CAP REL COSTS-NW BUILDING	0	26.07
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	PENSION FUNDING	0	33.00
33.01	PSYCH PART B FEES	0	33.01
33.02	NON ALLOWABLE ASSOC DUES	0	33.02
33.03	BAD DEBT EXPENSE	0	33.03
33.04	BAD DEBT EXPENSE LAB	0	33.04
33.05	GYN PART B PHYSICIAN FEES	0	33.05
33.06	OTHER REVENUE P.T.	0	33.06

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.07	OTHER REVENUE O.T.	0	33.07
33.08	OTHER REVENUE CHILD CARE CENTER	0	33.08
33.09	INTEREST ON UNNECESSARY BORROWING	0	33.09
33.10	FIN COST ON UNNECESSARY BORROWING	0	33.10
33.11	OTHER REVENUE FITNESS CENTER	0	33.11
33.12	OTHER REVENUE RADIOLOGY	0	33.12
33.13	ENTERTAINMENT EXPENSE	0	33.13
33.14	EQUIPMENT RENTAL REVENUE	0	33.14
33.15	RCE DISALLOWANCE	0	33.15
33.16	RCE DISALLOWANCE	0	33.16
33.17	MEDICAID TAX ASSESSMNT	0	33.17
33.19	MALPRACTICE ADJUSTMENT	0	33.19
33.20	A&G PHYSICIAN PART B FEES	0	33.20
33.21	OTHER REVENUE EMPLOYEE H&W	0	33.21
33.22	OTHER REVENUE ADMIN	0	33.22
33.23	OTHER REVENUE LAB PATHOLOGY	0	33.23
33.24	OTHER REVENUE AMBULANCE	0	33.24
33.25	OTHER REVENUE RESP THERAPY	0	33.25
33.26	OTHER REVENUE PHARMACY	0	33.26
33.27	OTHER REVENUE LAB	0	33.27
33.28	OTHER REVEBUE DIABETES CENTER	0	33.28
33.30	NON OPERATING REVENUE ADMIN	0	33.30
33.31	NON OPERATING REVENUE EMPLOYEE H&W	0	33.31
33.32	NON OPERATING REVENUE MED RECORDS	0	33.32
33.33	NON OPERATING REVENUE CARDIAC CATH	0	33.33
33.34	NON OPERATING REVENUE RADIOLOGY	0	33.34
33.35	ADVERTISING EXPENSE LAB	0	33.35
33.36	ADVERTISING EXPENSE ADMIN	0	33.36
33.37	ADVERTISING EXPENSE SLEEP LAB	0	33.37
33.38	ADVERTISING EXPENSE RADIOLOGY	0	33.38
33.39	ADVERTISING EXPENSE P.T.	0	33.39
33.40	ADVERTISING EXPENSE DIABETES CENTER	0	33.40
34.00	CHARITABLE CONTRIBUTIONS	0	34.00
35.00	NON ALLOWABLE EMPLOYEE ACTIVITIES	0	35.00
36.00	ASBESTOS REMOVAL	0	36.00
37.00	LOSS ON UNNECESSARY BOROWING	0	37.00
38.00	ASSTS RELEASED FROM RESTRICTED FUND	0	38.00
38.01	SELF FUNDED INSURANCE	0	38.01
38.02	SELF FUNDED INSURANCE	0	38.02
38.03	SELF FUNDED INSURANCE	0	38.03
38.04	SELF FUNDED INSURANCE	0	38.04
38.05	SELF FUNDED INSURANCE	0	38.05
38.06	SELF FUNDED INSURANCE	0	38.06
38.07	SELF FUNDED INSURANCE	0	38.07
38.08	SELF FUNDED INSURANCE	0	38.08
38.09	SELF FUNDED INSURANCE	0	38.09
38.10	SELF FUNDED INSURANCE	0	38.10
38.11	SELF FUNDED INSURANCE	0	38.11
38.12	SELF FUNDED INSURANCE	0	38.12
38.13	SELF FUNDED INSURANCE	0	38.13
38.14	SELF FUNDED INSURANCE	0	38.14
38.15	SELF FUNDED INSURANCE	0	38.15
38.16	SELF FUNDED INSURANCE	0	38.16
38.17	SELF FUNDED INSURANCE	0	38.17
38.18	SELF FUNDED INSURANCE	0	38.18
38.19	SELF FUNDED INSURANCE	0	38.19
38.20	SELF FUNDED INSURANCE	0	38.20
38.21	SELF FUNDED INSURANCE	0	38.21
38.22	SELF FUNDED INSURANCE	0	38.22
38.23	SELF FUNDED INSURANCE	0	38.23
38.24	SELF FUNDED INSURANCE	0	38.24
38.25	SELF FUNDED INSURANCE	0	38.25
38.26	SELF FUNDED INSURANCE	0	38.26
38.27	SELF FUNDED INSURANCE	0	38.27
38.28	SELF FUNDED INSURANCE	0	38.28
38.29	SELF FUNDED INSURANCE	0	38.29
38.30	SELF FUNDED INSURANCE	0	38.30
38.31	SELF FUNDED INSURANCE	0	38.31
38.32	SELF FUNDED INSURANCE	0	38.32
38.33	SELF FUNDED INSURANCE	0	38.33
38.34	SELF FUNDED INSURANCE	0	38.34
38.35	SELF FUNDED INSURANCE	0	38.35
38.36	SELF FUNDED INSURANCE	0	38.36
38.37	SELF FUNDED INSURANCE	0	38.37
38.38	SELF FUNDED INSURANCE	0	38.38

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
38.39	SELF FUNDED INSURANCE	0	38.39
38.40	SELF FUNDED INSURANCE	0	38.40
38.41	SELF FUNDED INSURANCE	0	38.41
38.42	SELF FUNDED INSURANCE	0	38.42
38.43	SELF FUNDED INSURANCE	0	38.43
38.44	SELF FUNDED INSURANCE	0	38.44
38.45	SELF FUNDED INSURANCE	0	38.45
38.46	SELF FUNDED INSURANCE	0	38.46
38.47	SELF FUNDED INSURANCE	0	38.47
38.48	SELF FUNDED INSURANCE	0	38.48
38.49	SELF FUNDED INSURANCE	0	38.49
38.50	SELF FUNDED INSURANCE	0	38.50
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

	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				
2.00	5.04	ADMINISTRATIVE & GENERAL	BJC HEALTH SYSTEM	1.00
3.00	5.04	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	2.00
4.00	5.04	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	3.00
4.01	60.00	LABORATORY	BARNES JEWISH LAB	4.00
4.02	63.00	BLOOD STORING, PROCESSING & TRANS.	BARNES JEWISH BLOOD BANK	4.01
5.00	60.00	LABORATORY	CHIDREN'S HOSPITAL LAB	4.02
	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	BJC HEALTH CARE	0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00
		HOME OFFICE		

(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: 260180
 Period: From 01/01/2011 To 12/31/2011
 Worksheet A-8-1
 Date/Time Prepared: 5/28/2012 11:20 am

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	19,297,779	25,447,546	-6,149,767	0	1.00
2.00	5,397	0	5,397	0	2.00
3.00	156,516	165,410	-8,894	0	3.00
4.00	138,460	111,115	27,345	0	4.00
4.01	145	290	-145	0	4.01
4.02	116,311	220,889	-104,578	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	19,714,608	25,945,250	-6,230,642	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
 5/28/2012 11:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	DR. A	15,000	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	928,128	928,128	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,625,901	1,625,901	3.00
4.00	41.00	DR. B	51,000	0	4.00
5.00	50.00	OPERATING ROOM	344,633	344,633	5.00
6.00	50.00	DR. C	30,000	0	6.00
7.00	50.00	DR. D	50,000	0	7.00
8.00	50.00	DR. E	16,000	0	8.00
9.00	53.00	ANESTHESIOLOGY	5,190,000	5,160,000	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	348,000	300,000	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	75,000	75,000	11.00
12.00	60.00	DR. F	408,845	58,841	12.00
13.00	65.00	RESPIRATORY THERAPY	385,764	385,764	13.00
14.00	60.01	DR. G	9,000	0	14.00
15.00	69.00	DR. H	15,000	0	15.00
16.00	76.01	PAIN MANAGEMENT & OP CHEMO	308,705	308,705	16.00
17.00	76.02	DIABETES CARE CENTER	20,000	20,000	17.00
18.00	76.03	OP PSYCH	7,250	0	18.00
19.00	91.00	EMERGENCY	3,354,992	3,354,992	19.00
200.00			13,183,218	12,561,964	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:20 am

	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	15,000	194,500	138	12,904	645	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	51,000	171,400	542	44,663	2,233	4.00
5.00	0	0	0	0	0	5.00
6.00	30,000	204,100	152	14,915	746	6.00
7.00	50,000	204,100	319	31,302	1,565	7.00
8.00	16,000	204,100	91	8,929	446	8.00
9.00	30,000	200,300	155	14,926	746	9.00
10.00	48,000	231,100	257	28,554	1,428	10.00
11.00	0	0	0	0	0	11.00
12.00	350,004	219,500	5,190	547,695	27,385	12.00
13.00	0	0	0	0	0	13.00
14.00	9,000	171,400	73	6,015	301	14.00
15.00	15,000	171,400	97	7,993	400	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	7,250	171,400	62	5,109	255	18.00
19.00	0	0	0	0	0	19.00
200.00	621,254		7,076	723,005	36,150	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 260180

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 11:20 am

	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	12,904	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	44,663	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	14,915	6.00
7.00	0	0	0	0	31,302	7.00
8.00	0	0	0	0	8,929	8.00
9.00	0	0	0	0	14,926	9.00
10.00	0	0	0	0	28,554	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	547,695	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	6,015	14.00
15.00	0	0	0	0	7,993	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	5,109	18.00
19.00	0	0	0	0	0	19.00
200.00	0	0	0	0	723,005	200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	2,096	2,096	1.00
2.00	0	928,128	2.00
3.00	0	1,625,901	3.00
4.00	6,337	6,337	4.00
5.00	0	344,633	5.00
6.00	15,085	15,085	6.00
7.00	18,698	18,698	7.00
8.00	7,071	7,071	8.00
9.00	15,074	5,175,074	9.00
10.00	19,446	319,446	10.00
11.00	0	75,000	11.00
12.00	0	58,841	12.00
13.00	0	385,764	13.00
14.00	2,985	2,985	14.00
15.00	7,007	7,007	15.00
16.00	0	308,705	16.00
17.00	0	20,000	17.00
18.00	2,141	2,141	18.00
19.00	0	3,354,992	19.00
200.00	95,940	12,657,904	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NEW PFD	
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG			
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	6,256,734	6,256,734					1.00
1.01 NEW CAP REL COSTS-WHSE	5,482	0	5,482				1.01
1.02 NEW CAP REL COSTS-B BLDG	16,292	0	0	16,292			1.02
1.03 NEW CAP REL COSTS-PFD	181,841	0	0	0	181,841		1.03
1.04 NEW CAP REL COSTS-CHIP	202,123	0	0	0	0		1.04
1.05 NEW CAP REL COSTS-POB I	383,655	0	0	0	0		1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB	340,748	0	0	0	0		1.06
1.07 NEW CAP REL COSTS-NW BUILDING	734,836	0	0	0	0		1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP	8,517,276						2.00
4.00 EMPLOYEE BENEFITS	3,706,183	12,962	0	964	16,832		4.00
5.01 ADMITTING	2,622,439	27,030	0	0	3,493		5.01
5.02 CASHIERING	17,540	35,564	0	46	17,630		5.02
5.03 MENTAL HEALTH ADMINISTRATION	224,996	0	0	139	0		5.03
5.04 ADMINISTRATIVE & GENERAL	41,095,365	581,996	3,093	1,595	102,013		5.04
7.00 OPERATION OF PLANT	7,297,747	829,987	334	1,064	22,391		7.00
7.01 OPERATION OF PLANT- POB I	2,939	0	0	0	0		7.01
7.02 OPERATION OF PLANT NW	437,365	0	0	0	0		7.02
8.00 LAUNDRY & LINEN SERVICE	1,203,297	76,952	0	0	0		8.00
9.00 HOUSEKEEPING	2,737,393	74,057	0	102	843		9.00
9.01 HOUSEKEEPING-POB I	190,642	0	0	0	0		9.01
9.02 HOUSEKEEPING NW	336,846	0	0	0	0		9.02
10.00 DIETARY	3,210,788	47,316	2,055	0	789		10.00
11.00 CAFETERIA	625,450	55,202	0	1,297	2,165		11.00
13.00 NURSING ADMINISTRATION	2,988,342	0	0	297	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	528,899	84,651	0	0	0		14.00
15.00 PHARMACY	4,268,463	47,265	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	5,352,196	74,295	0	0	0		16.00
17.00 SOCIAL SERVICE	933,445	0	0	0	0		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	65,219	0	0	0	0		21.00
23.00 PARAMED ED PRGM	31,013	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	23,808,390	1,860,746	0	274	0		30.00
31.00 INTENSIVE CARE UNIT	7,082,310	134,164	0	159	0		31.00
32.00 CORONARY CARE UNIT	3,972,682	117,898	0	0	0		32.00
40.00 SUBPROVIDER - IPF	1,396,728	127,300	0	0	0		40.00
41.00 SUBPROVIDER - IRF	1,288,369	110,216	0	0	0		41.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	8,851,347	851,618	0	58	0		50.00
51.00 RECOVERY ROOM	691,057	41,951	0	0	0		51.00
53.00 ANESTHESIOLOGY	252,480	6,745	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,373,181	114,628	0	145	0		54.00
57.00 CT SCAN	1,222,988	0	0	0	0		57.00
59.00 CARDIAC CATHETERIZATION	1,950,217	113,657	0	0	0		59.00
60.00 LABORATORY	10,779,186	79,235	0	3,740	0		60.00
60.01 G.I. LAB	1,221,106	26,111	0	946	0		60.01
60.02 VASCULAR LAB	337,319	0	0	383	0		60.02
60.03 LABORATORY-PATHOLOGY	602,005	0	0	310	0		60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	3,212,702	0	0	439	0		63.00
65.00 RESPIRATORY THERAPY	4,474,356	36,739	0	53	0		65.00
66.00 PHYSICAL THERAPY	2,051,396	55,730	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	979,304	30,709	0	0	0		67.00
68.00 SPEECH PATHOLOGY	333,012	20,933	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	751,221	0	0	796	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	552,131	0	0	439	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,772,614	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	11,201,109	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	10,970,434	0	0	0	0		73.00
74.00 RENAL DIALYSIS	1,810,226	23,062	0	0	0		74.00
76.00 SHOCK THERAPY	130,654	0	0	0	0		76.00
76.01 PAIN MANAGEMENT & OP CHEMO	845,054	5,161	0	0	0		76.01
76.02 DIABETES CARE CENTER	698,300	0	0	0	0		76.02
76.03 OP PSYCH	662,931	0	0	0	0		76.03
76.04 CARDIAC REHAB	198,271	38,272	0	0	0		76.04
76.98 HYPERBARIC OXYGEN THERAPY	229,190	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 EMERGENCY	10,416,682	281,715	0	1,595	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			NEW PFD	
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG		
		1.00	1.01	1.02		
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	5,944,086	0	0	218	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	228,578,592	6,023,867	5,482	15,059	166,156 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,461	0	0	0 190.00
190.01	VISITOR MEALS	0	0	0	0	0 190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	1,233	0 190.02
190.03	NON REIMB NW BUILDING	0	0	0	0	0 190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	6,425 190.05
190.06	NON REIMBURSABLE HOSPITAL	0	205,325	0	0	0 190.06
190.07	NON REIMBURSABLE POB I	0	0	0	0	0 190.07
190.08	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	CATERING	222,037	0	0	0	334 190.09
190.10	RETAIL PHARMACY	5,360,941	0	0	0	0 190.10
190.11	MARKETING	1,075,880	6,081	0	0	4,165 190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	715,851	0	0	0	4,761 190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	108,149	0	0	0	0 192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	236,061,450	6,256,734	5,482	16,292	181,841 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP	202,123					1.04
1.05 NEW CAP REL COSTS-POB I	0	383,655				1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB	0	0	340,748			1.06
1.07 NEW CAP REL COSTS-NW BUILDING	0	0	0	734,836		1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP					8,517,276	2.00
4.00 EMPLOYEE BENEFITS	0	10,359	0	0	6,218	4.00
5.01 ADMITTING	0	0	0	21,156	477	5.01
5.02 CASHIERING	0	0	0	0	0	5.02
5.03 MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04 ADMINISTRATIVE & GENERAL	4,119	57,699	15,829	154,954	3,962,842	5.04
7.00 OPERATION OF PLANT	35,810	30,152	1,569	0	27,628	7.00
7.01 OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02 OPERATION OF PLANT NW	0	0	0	17,939	0	7.02
8.00 LAUNDRY & LINEN SERVICE	0	0	0	8,110	205	8.00
9.00 HOUSEKEEPING	2,078	0	0	0	2,759	9.00
9.01 HOUSEKEEPING-POB I	0	428	0	0	0	9.01
9.02 HOUSEKEEPING NW	0	0	0	11,092	0	9.02
10.00 DIETARY	0	0	0	0	20,741	10.00
11.00 CAFETERIA	0	0	0	20,010	19,988	11.00
13.00 NURSING ADMINISTRATION	0	1,565	0	0	510,412	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	41,164	14.00
15.00 PHARMACY	0	0	0	0	71,353	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	5,833	0	10,505	1,232	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
21.00 T&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	109,813	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	156,729	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	99,897	32.00
40.00 SUBPROVIDER - IPF	0	0	0	0	2,360	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	4,242	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	621,066	50.00
51.00 RECOVERY ROOM	0	0	0	0	61,880	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	123,957	53.00
54.00 RADIOLOGY-DIAGNOSTIC	115,905	24,937	0	121,794	412,830	54.00
57.00 CT SCAN	6,026	0	0	0	303,177	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	625,067	59.00
60.00 LABORATORY	0	1,293	0	17,865	192,039	60.00
60.01 G.I. LAB	0	0	0	0	118,842	60.01
60.02 VASCULAR LAB	0	0	0	0	28,768	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	0	38,341	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	61	63.00
65.00 RESPIRATORY THERAPY	0	0	0	47,072	106,848	65.00
66.00 PHYSICAL THERAPY	0	0	76,005	0	8,009	66.00
67.00 OCCUPATIONAL THERAPY	0	0	9,274	0	108	67.00
68.00 SPEECH PATHOLOGY	0	0	9,862	0	5,278	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	84,647	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	48,953	17,148	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	28,876	74.00
76.00 SHOCK THERAPY	0	0	0	0	171	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	4,035	0	0	10,728	76.01
76.02 DIABETES CARE CENTER	0	6,990	0	0	0	76.02
76.03 OP PSYCH	0	0	0	0	11,940	76.03
76.04 CARDIAC REHAB	0	0	0	0	23,725	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	0	220,831	157,819	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	494,506	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	163,938	143,291	112,539	700,281	8,513,891	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 VISITOR MEALS	0	0	0	0	0	190.01
190.02 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 NON REIMB NW BUILDING	0	0	0	34,555	0	190.03
190.04 NON REIMBURSABLE CHIP	38,185	0	0	0	0	190.04
190.05 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 NON REIMBURSABLE POB I	0	18,020	0	0	0	190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 CATERING	0	0	0	0	3,264	190.09
190.10 RETAIL PHARMACY	0	0	0	0	121	190.10
190.11 MARKETING	0	0	0	0	0	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	0	222,344	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	228,209	0	0	192.01
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)	202,123	383,655	340,748	734,836	8,517,276	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		EMPLOYEE BENEFITS	ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal	
		4.00	5.01	5.02	5.03	5A.03	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	3,753,518					4.00
5.01	ADMITTING	83,416	2,758,011				5.01
5.02	CASHIERING	4		70,784			5.02
5.03	MENTAL HEALTH ADMINISTRATION	6,580			231,715		5.03
5.04	ADMINISTRATIVE & GENERAL	247,512				46,227,017	5.04
7.00	OPERATION OF PLANT	95,479				8,342,161	7.00
7.01	OPERATION OF PLANT- POB I	90				3,029	7.01
7.02	OPERATION OF PLANT NW	3,966				459,270	7.02
8.00	LAUNDRY & LINEN SERVICE					1,288,564	8.00
9.00	HOUSEKEEPING	57,363				2,874,595	9.00
9.01	HOUSEKEEPING-POB I	4,900				195,970	9.01
9.02	HOUSEKEEPING NW	6,719				354,657	9.02
10.00	DIETARY					3,281,689	10.00
11.00	CAFETERIA					724,112	11.00
13.00	NURSING ADMINISTRATION	92,989				3,593,605	13.00
14.00	CENTRAL SERVICES & SUPPLY	16,398				671,112	14.00
15.00	PHARMACY	117,817				4,504,898	15.00
16.00	MEDICAL RECORDS & LIBRARY	135,745				5,579,806	16.00
17.00	SOCIAL SERVICE	30,953				964,398	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD					65,219	21.00
23.00	PARAMED ED PRGM	1,282				32,295	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	766,009	269,345	6,898	136,900	26,958,375	30.00
31.00	INTENSIVE CARE UNIT	216,013	59,769	1,531		7,650,675	31.00
32.00	CORONARY CARE UNIT	125,165	40,165	1,029		4,356,836	32.00
40.00	SUBPROVIDER - IPF	47,318	11,976	307	94,815	1,680,804	40.00
41.00	SUBPROVIDER - IRF	40,977	12,012	308		1,456,124	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	189,290	153,860	3,940		10,671,179	50.00
51.00	RECOVERY ROOM	21,760	19,730	505		836,883	51.00
53.00	ANESTHESIOLOGY		26,816	687		410,685	53.00
54.00	RADIOLOGY-DIAGNOSTIC	191,686	275,070	7,045		8,637,221	54.00
57.00	CT SCAN	28,626	157,322	4,029		1,722,168	57.00
59.00	CARDIAC CATHETERIZATION	41,150	90,785	2,325		2,823,201	59.00
60.00	LABORATORY	210,690	434,838	11,285		11,730,171	60.00
60.01	G.I. LAB	26,266	25,636	657		1,419,564	60.01
60.02	VASCULAR LAB	11,808	21,649	554		400,481	60.02
60.03	LABORATORY-PATHOLOGY	12,797	15,415	395		669,263	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	22,305	41,728	1,069		3,278,304	63.00
65.00	RESPIRATORY THERAPY	140,972	97,180	2,489		4,905,709	65.00
66.00	PHYSICAL THERAPY	67,890	29,762	762		2,289,554	66.00
67.00	OCCUPATIONAL THERAPY	33,109	14,500	371		1,067,375	67.00
68.00	SPEECH PATHOLOGY	11,022	4,609	118		384,834	68.00
69.00	ELECTROCARDIOLOGY	22,967	83,458	2,137		945,226	69.00
70.00	ELECTROENCEPHALOGRAPHY	17,518	18,884	484		655,557	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		114,268	2,926		7,889,808	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		124,210	3,181		11,328,500	72.00
73.00	DRUGS CHARGED TO PATIENTS		224,801	5,757		11,200,992	73.00
74.00	RENAL DIALYSIS		22,819	584		1,885,567	74.00
76.00	SHOCK THERAPY	4,096	527	14		135,462	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	24,144	7,269	186		896,577	76.01
76.02	DIABETES CARE CENTER	10,343	521	13		716,167	76.02
76.03	OP PSYCH	16,301	9,314	239		700,725	76.03
76.04	CARDIAC REHAB	6,125	1,444	37		267,874	76.04
76.98	HYPERBARIC OXYGEN THERAPY	4,675	5,760	148		239,773	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	319,821	280,653	7,188		11,686,304	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	177,611	61,916	1,586		6,679,923	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,709,667	2,758,011	70,784	231,715	227,740,258	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					21,461	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	EMPLOYEE BENEFITS	ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	Subtotal	
	4.00	5.01	5.02	5.03	5A.03	
190.01 VISITOR MEALS	0	0	0	0	0	190.01
190.02 NON REIMBURSABLE B BLDG	0	0	0	0	1,233	190.02
190.03 NON REIMB NW BUILDING	0	0	0	0	34,555	190.03
190.04 NON REIMBURSABLE CHIP	0	0	0	0	38,185	190.04
190.05 NON REIMBURSABLE PFD	0	0	0	0	6,425	190.05
190.06 NON REIMBURSABLE HOSPITAL	0	0	0	0	205,325	190.06
190.07 NON REIMBURSABLE POB I	0	0	0	0	18,020	190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 CATERING	0	0	0	0	225,635	190.09
190.10 RETAIL PHARMACY	22,945	0	0	0	5,384,007	190.10
190.11 MARKETING	9,554	0	0	0	1,095,680	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	9,005	0	0	0	729,617	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	222,344	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	2,347	0	0	0	338,705	192.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,753,518	2,758,011	70,784	231,715	236,061,450	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
		5.04	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING						5.01
5.02	CASHIERING						5.02
5.03	MENTAL HEALTH ADMINISTRATION						5.03
5.04	ADMINISTRATIVE & GENERAL	46,227,017					5.04
7.00	OPERATION OF PLANT	2,031,416	10,373,577				7.00
7.01	OPERATION OF PLANT- POB I	738	0	3,767			7.01
7.02	OPERATION OF PLANT NW	111,838	0	0	571,108		7.02
8.00	LAUNDRY & LINEN SERVICE	313,781	120,332	0	8,565	1,731,242	8.00
9.00	HOUSEKEEPING	699,998	152,000	0	0	0	9.00
9.01	HOUSEKEEPING-POB I	47,721	0	6	0	0	9.01
9.02	HOUSEKEEPING NW	86,363	0	0	11,714	0	9.02
10.00	DIETARY	799,131	279,949	0	0	0	10.00
11.00	CAFETERIA	176,330	246,896	0	21,132	0	11.00
13.00	NURSING ADMINISTRATION	875,086	30,602	21	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	163,424	132,370	0	0	16,094	14.00
15.00	PHARMACY	1,096,997	73,909	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,358,750	116,177	77	11,094	0	16.00
17.00	SOCIAL SERVICE	234,842	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15,882	0	0	0	0	21.00
23.00	PARAMED ED PRGM	7,864	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,564,740	2,938,009	0	0	819,455	30.00
31.00	INTENSIVE CARE UNIT	1,863,031	226,175	0	0	106,724	31.00
32.00	CORONARY CARE UNIT	1,060,942	184,360	0	0	75,565	32.00
40.00	SUBPROVIDER - IPF	409,296	199,062	0	0	17,295	40.00
41.00	SUBPROVIDER - IRF	354,584	172,348	0	0	48,216	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,598,560	1,337,713	0	0	139,480	50.00
51.00	RECOVERY ROOM	203,791	65,599	0	0	0	51.00
53.00	ANESTHESIOLOGY	100,007	10,547	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,103,267	1,045,566	329	128,623	49,537	54.00
57.00	CT SCAN	419,369	44,266	0	0	36,029	57.00
59.00	CARDIAC CATHETERIZATION	687,483	177,728	0	0	21,981	59.00
60.00	LABORATORY	2,856,437	509,506	17	18,867	0	60.00
60.01	G.I. LAB	345,681	138,363	0	0	14,593	60.01
60.02	VASCULAR LAB	97,522	39,525	0	0	4,281	60.02
60.03	LABORATORY-PATHOLOGY	162,974	31,987	0	0	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	798,306	45,331	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,194,599	62,936	0	49,711	386	65.00
66.00	PHYSICAL THERAPY	557,534	87,146	0	0	3,693	66.00
67.00	OCCUPATIONAL THERAPY	259,919	48,021	0	0	0	67.00
68.00	SPEECH PATHOLOGY	93,712	32,733	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	230,174	82,086	0	0	1,510	69.00
70.00	ELECTROENCEPHALOGRAPHY	159,636	45,278	0	51,697	1,317	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,921,263	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,758,626	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,727,576	0	0	0	0	73.00
74.00	RENAL DIALYSIS	459,158	36,062	0	0	0	74.00
76.00	SHOCK THERAPY	32,987	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	218,327	8,070	53	0	1,480	76.01
76.02	DIABETES CARE CENTER	174,395	0	92	0	0	76.02
76.03	OP PSYCH	170,635	0	0	0	0	76.03
76.04	CARDIAC REHAB	65,231	59,846	0	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	58,388	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	2,845,755	605,069	0	233,213	325,341	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	1,626,641	22,452	0	0	48,265	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,200,707	9,408,019	595	534,616	1,731,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,226	33,559	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
	5.04	7.00	7.01	7.02	8.00	
190.01 VISITOR MEALS	0	0	0	0	0	0 190.01
190.02 NON REIMBURSABLE B BLDG	300	127,177	0	0	0	0 190.02
190.03 NON REIMB NW BUILDING	8,415	0	0	36,492	0	0 190.03
190.04 NON REIMBURSABLE CHIP	9,299	280,481	0	0	0	0 190.04
190.05 NON REIMBURSABLE PFD	1,565	79,369	0	0	0	0 190.05
190.06 NON REIMBURSABLE HOSPITAL	49,999	321,071	0	0	0	0 190.06
190.07 NON REIMBURSABLE POB I	4,388	0	238	0	0	0 190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	0 190.08
190.09 CATERING	54,945	4,128	0	0	0	0 190.09
190.10 RETAIL PHARMACY	1,311,070	0	0	0	0	0 190.10
190.11 MARKETING	266,811	0	0	0	0	0 190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	177,670	58,808	0	0	0	0 190.12
192.00 PHYSICIANS' PRIVATE OFFICES	54,143	60,965	2,934	0	0	0 192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	82,479	0	0	0	0	0 192.01
200.00 Cross Foot Adjustments	0	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	46,227,017	10,373,577	3,767	571,108	1,731,242	0 202.00

Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
	9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT- POB I						7.01
7.02 OPERATION OF PLANT NW						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	3,726,593					9.00
9.01 HOUSEKEEPING-POB I	0	243,697				9.01
9.02 HOUSEKEEPING NW	0	0	452,734			9.02
10.00 DIETARY	105,667	0	0	4,466,436		10.00
11.00 CAFETERIA	93,191	0	17,369	0	1,279,030	11.00
13.00 NURSING ADMINISTRATION	11,551	1,338	0	0	25,975	13.00
14.00 CENTRAL SERVICES & SUPPLY	49,963	0	0	0	8,635	14.00
15.00 PHARMACY	27,897	0	0	0	26,272	15.00
16.00 MEDICAL RECORDS & LIBRARY	43,851	4,987	9,118	0	47,818	16.00
17.00 SOCIAL SERVICE	0	0	0	0	9,519	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	959	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,108,955	0	0	3,127,464	288,094	30.00
31.00 INTENSIVE CARE UNIT	85,370	0	0	355,975	56,010	31.00
32.00 CORONARY CARE UNIT	69,587	0	0	259,638	40,070	32.00
40.00 SUBPROVIDER - IPF	75,136	0	0	187,457	15,644	40.00
41.00 SUBPROVIDER - IRF	65,053	0	0	200,925	14,538	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	504,921	0	0	0	52,543	50.00
51.00 RECOVERY ROOM	24,761	0	0	0	6,124	51.00
53.00 ANESTHESIOLOGY	3,981	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	394,650	21,322	105,717	0	55,494	54.00
57.00 CT SCAN	16,708	0	0	0	8,486	57.00
59.00 CARDIAC CATHETERIZATION	67,084	0	0	0	10,331	59.00
60.00 LABORATORY	192,314	1,106	15,507	0	83,609	60.00
60.01 G.I. LAB	52,225	0	0	0	7,895	60.01
60.02 VASCULAR LAB	14,919	0	0	0	3,320	60.02
60.03 LABORATORY-PATHOLOGY	12,074	0	0	0	5,166	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	17,110	0	0	0	9,076	63.00
65.00 RESPIRATORY THERAPY	23,755	0	40,859	0	42,652	65.00
66.00 PHYSICAL THERAPY	32,893	0	0	0	22,949	66.00
67.00 OCCUPATIONAL THERAPY	18,126	0	0	0	11,290	67.00
68.00 SPEECH PATHOLOGY	12,355	0	0	0	2,805	68.00
69.00 ELECTROCARDIOLOGY	30,983	0	0	0	7,748	69.00
70.00 ELECTROENCEPHALOGRAPHY	17,090	0	42,491	0	5,978	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	13,612	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	1,034	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	3,046	3,450	0	0	7,527	76.01
76.02 DIABETES CARE CENTER	0	5,977	0	0	3,838	76.02
76.03 OP PSYCH	0	0	0	0	6,271	76.03
76.04 CARDIAC REHAB	22,589	0	0	0	1,696	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,624	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	228,384	0	191,679	0	99,846	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	8,475	0	0	0	78,887	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,448,276	38,180	422,740	4,131,459	1,069,723	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,667	0	0	0	0	190.00

COST ALLOCATION -- GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	
	9.00	OB I 9.01	NW 9.02	10.00	11.00	
190.01 VISITOR MEALS	0	0	0	0	196,984	190.01
190.02 NON REIMBURSABLE B BLDG	48,003	0	0	0	0	190.02
190.03 NON REIMB NW BUILDING	0	0	29,994	0	0	190.03
190.04 NON REIMBURSABLE CHIP	105,868	0	0	0	0	190.04
190.05 NON REIMBURSABLE PFD	29,958	0	0	0	0	190.05
190.06 NON REIMBURSABLE HOSPITAL	35,055	0	0	0	0	190.06
190.07 NON REIMBURSABLE POB I	0	15,407	0	0	0	190.07
190.08 MEALS ON WHEELS	0	0	0	334,977	0	190.08
190.09 CATERING	1,558	0	0	0	0	190.09
190.10 RETAIL PHARMACY	0	0	0	0	6,124	190.10
190.11 MARKETING	0	0	0	0	2,508	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	22,197	0	0	0	1,624	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	23,011	190,110	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	2,067	192.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,726,593	243,697	452,734	4,466,436	1,279,030	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT- POB I						7.01
7.02 OPERATION OF PLANT NW						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-POB I						9.01
9.02 HOUSEKEEPING NW						9.02
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	4,538,178					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,041,598				14.00
15.00 PHARMACY	0	0	5,729,973			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	7,171,678		16.00
17.00 SOCIAL SERVICE	0	0	0	0	1,208,759	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,214,235	0	0	700,347	714,135	30.00
31.00 INTENSIVE CARE UNIT	454,996	0	0	155,410	0	31.00
32.00 CORONARY CARE UNIT	325,705	0	0	104,436	0	32.00
40.00 SUBPROVIDER - IPF	127,261	0	0	31,139	494,624	40.00
41.00 SUBPROVIDER - IRF	117,983	0	0	31,234	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	343,331	0	3,173	400,064	0	50.00
51.00 RECOVERY ROOM	49,519	0	0	51,303	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	69,725	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	715,231	0	54.00
57.00 CT SCAN	0	0	0	409,064	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	236,057	0	59.00
60.00 LABORATORY	0	0	0	1,131,006	0	60.00
60.01 G.I. LAB	0	0	0	66,657	0	60.01
60.02 VASCULAR LAB	0	0	0	56,292	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	40,082	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	108,501	0	63.00
65.00 RESPIRATORY THERAPY	0	0	690	252,686	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	77,386	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	37,703	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	11,984	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	217,005	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	49,102	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	397,555	0	297,117	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	644,043	0	322,969	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	5,686,619	584,524	0	73.00
74.00 RENAL DIALYSIS	0	0	0	59,333	0	74.00
76.00 SHOCK THERAPY	0	0	0	1,371	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	61,673	0	18,504	18,902	0	76.01
76.02 DIABETES CARE CENTER	31,409	0	0	1,355	0	76.02
76.03 OP PSYCH	0	0	0	24,219	0	76.03
76.04 CARDIAC REHAB	0	0	0	3,756	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	14,977	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	812,066	0	0	729,749	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	20,987	160,992	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,538,178	1,041,598	5,729,973	7,171,678	1,208,759	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 VISITOR MEALS	0	0	0	0	0	190.01
190.02 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 NON REIMB NW BUILDING	0	0	0	0	0	190.03
190.04 NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 NON REIMBURSABLE POB I	0	0	0	0	0	190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 CATERING	0	0	0	0	0	190.09
190.10 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11 MARKETING	0	0	0	0	0	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	4,538,178	1,041,598	5,729,973	7,171,678	1,208,759	202.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-WHSE					1.01
1.02	NEW CAP REL COSTS-B BLDG					1.02
1.03	NEW CAP REL COSTS-PFD					1.03
1.04	NEW CAP REL COSTS-CHIP					1.04
1.05	NEW CAP REL COSTS-POB I					1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	ADMITTING					5.01
5.02	CASHIERING					5.02
5.03	MENTAL HEALTH ADMINISTRATION					5.03
5.04	ADMINISTRATIVE & GENERAL					5.04
7.00	OPERATION OF PLANT					7.00
7.01	OPERATION OF PLANT- POB I					7.01
7.02	OPERATION OF PLANT NW					7.02
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
9.01	HOUSEKEEPING-POB I					9.01
9.02	HOUSEKEEPING NW					9.02
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
21.00	T&R SERVICES-SALARY & FRINGES APPRVD	81,101				21.00
23.00	PARAMED ED PRGM	0	41,118			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	31,125	45,464,934	0	45,464,934 30.00
31.00	INTENSIVE CARE UNIT	0	3,543	10,957,909	0	10,957,909 31.00
32.00	CORONARY CARE UNIT	0	2,584	6,479,723	0	6,479,723 32.00
40.00	SUBPROVIDER - IPF	0	1,866	3,239,584	0	3,239,584 40.00
41.00	SUBPROVIDER - IRF	0	2,000	2,463,005	0	2,463,005 41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	81,101	0	16,132,065	-81,101	16,050,964 50.00
51.00	RECOVERY ROOM	0	0	1,237,980	0	1,237,980 51.00
53.00	ANESTHESIOLOGY	0	0	594,945	0	594,945 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	13,256,957	0	13,256,957 54.00
57.00	CT SCAN	0	0	2,656,090	0	2,656,090 57.00
59.00	CARDIAC CATHETERIZATION	0	0	4,023,865	0	4,023,865 59.00
60.00	LABORATORY	0	0	16,538,540	0	16,538,540 60.00
60.01	G.I. LAB	0	0	2,044,978	0	2,044,978 60.01
60.02	VASCULAR LAB	0	0	616,340	0	616,340 60.02
60.03	LABORATORY-PATHOLOGY	0	0	921,546	0	921,546 60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	4,256,628	0	4,256,628 63.00
65.00	RESPIRATORY THERAPY	0	0	6,573,983	0	6,573,983 65.00
66.00	PHYSICAL THERAPY	0	0	3,071,155	0	3,071,155 66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,442,434	0	1,442,434 67.00
68.00	SPEECH PATHOLOGY	0	0	538,423	0	538,423 68.00
69.00	ELECTROCARDIOLOGY	0	0	1,514,732	0	1,514,732 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,028,146	0	1,028,146 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,505,743	0	10,505,743 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	15,054,138	0	15,054,138 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	20,199,711	0	20,199,711 73.00
74.00	RENAL DIALYSIS	0	0	2,453,732	0	2,453,732 74.00
76.00	SHOCK THERAPY	0	0	170,854	0	170,854 76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	1,237,609	0	1,237,609 76.01
76.02	DIABETES CARE CENTER	0	0	933,233	0	933,233 76.02
76.03	OP PSYCH	0	0	901,850	0	901,850 76.03
76.04	CARDIAC REHAB	0	0	420,992	0	420,992 76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	314,762	0	314,762 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	0	17,757,406	0	17,757,406 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 260180

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	8,646,622	0	8,646,622 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	81,101	41,118	223,650,614	-81,101	223,569,513 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	72,913	0	72,913 190.00
190.01	VISITOR MEALS	0	0	196,984	0	196,984 190.01
190.02	NON REIMBURSABLE B BLDG	0	0	176,713	0	176,713 190.02
190.03	NON REIMB NW BUILDING	0	0	109,456	0	109,456 190.03
190.04	NON REIMBURSABLE CHIP	0	0	433,833	0	433,833 190.04
190.05	NON REIMBURSABLE PFD	0	0	117,317	0	117,317 190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	611,450	0	611,450 190.06
190.07	NON REIMBURSABLE POB I	0	0	38,053	0	38,053 190.07
190.08	MEALS ON WHEELS	0	0	334,977	0	334,977 190.08
190.09	CATERING	0	0	286,266	0	286,266 190.09
190.10	RETAIL PHARMACY	0	0	6,701,201	0	6,701,201 190.10
190.11	MARKETING	0	0	1,364,999	0	1,364,999 190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	989,916	0	989,916 190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	553,507	0	553,507 192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	423,251	0	423,251 192.01
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)	81,101	41,118	236,061,450	-81,101	235,980,349 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			NEW PFD	
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG		
		1.00	1.01	1.02		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS	29,035	12,962	0	964	16,832	4.00
5.01 ADMITTING	21,212	27,030	0	0	3,493	5.01
5.02 CASHIERING	0	35,564	0	46	17,630	5.02
5.03 MENTAL HEALTH ADMINISTRATION	3,525	0	0	139	0	5.03
5.04 ADMINISTRATIVE & GENERAL	1,367,689	581,996	3,093	1,595	102,013	5.04
7.00 OPERATION OF PLANT	15,376	829,987	334	1,064	22,391	7.00
7.01 OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02 OPERATION OF PLANT NW	6,853	0	0	0	0	7.02
8.00 LAUNDRY & LINEN SERVICE	175	76,952	0	0	0	8.00
9.00 HOUSEKEEPING	0	74,057	0	102	843	9.00
9.01 HOUSEKEEPING-POB I	0	0	0	0	0	9.01
9.02 HOUSEKEEPING NW	0	0	0	0	0	9.02
10.00 DIETARY	5,021	47,316	2,055	0	789	10.00
11.00 CAFETERIA	0	55,202	0	1,297	2,165	11.00
13.00 NURSING ADMINISTRATION	11,531	0	0	297	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,709,308	84,651	0	0	0	14.00
15.00 PHARMACY	399,065	47,265	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	7,353	74,295	0	0	0	16.00
17.00 SOCIAL SERVICE	3,498	0	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	34,922	1,860,746	0	274	0	30.00
31.00 INTENSIVE CARE UNIT	3,625	134,164	0	159	0	31.00
32.00 CORONARY CARE UNIT	718	117,898	0	0	0	32.00
40.00 SUBPROVIDER - IPF	6,847	127,300	0	0	0	40.00
41.00 SUBPROVIDER - IRF	546	110,216	0	0	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	12,395	851,618	0	58	0	50.00
51.00 RECOVERY ROOM	0	41,951	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	6,745	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	33,732	114,628	0	145	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	2,545	113,657	0	0	0	59.00
60.00 LABORATORY	115,482	79,235	0	3,740	0	60.00
60.01 G.I. LAB	4,500	26,111	0	946	0	60.01
60.02 VASCULAR LAB	0	0	0	383	0	60.02
60.03 LABORATORY-PATHOLOGY	31,018	0	0	310	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	439	0	63.00
65.00 RESPIRATORY THERAPY	26,007	36,739	0	53	0	65.00
66.00 PHYSICAL THERAPY	14,453	55,730	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	30,709	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	20,933	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,436	0	0	796	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,522	0	0	439	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	634	23,062	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	1,336	5,161	0	0	0	76.01
76.02 DIABETES CARE CENTER	5,385	0	0	0	0	76.02
76.03 OP PSYCH	7,142	0	0	0	0	76.03
76.04 CARDIAC REHAB	412	38,272	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	25,390	281,715	0	1,595	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	5,442	0	0	218	0	95.00

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			NEW PFD	
		NEW BLDG & FIXT	NEW WHSE	NEW B BLDG		
	0	1.00	1.01	1.02	1.03	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,919,130	6,023,867	5,482	15,059	166,156 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,461	0	0	0 190.00
190.01	VISITOR MEALS	0	0	0	0	0 190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	1,233	0 190.02
190.03	NON REIMB NW BUILDING	0	0	0	0	0 190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	0 190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	6,425 190.05
190.06	NON REIMBURSABLE HOSPITAL	0	205,325	0	0	0 190.06
190.07	NON REIMBURSABLE POB I	0	0	0	0	0 190.07
190.08	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	CATERING	0	0	0	0	334 190.09
190.10	RETAIL PHARMACY	904	0	0	0	0 190.10
190.11	MARKETING	7,562	6,081	0	0	4,165 190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	2,762	0	0	0	4,761 190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0 192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	3,930,358	6,256,734	5,482	16,292	181,841 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		CAPITAL RELATED COSTS					
		NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	10,359	0	0	6,218	4.00
5.01	ADMITTING	0	0	0	21,156	477	5.01
5.02	CASHIERING	0	0	0	0	0	5.02
5.03	MENTAL HEALTH ADMINISTRATION	0	0	0	0	0	5.03
5.04	ADMINISTRATIVE & GENERAL	4,119	57,699	15,829	154,954	3,962,842	5.04
7.00	OPERATION OF PLANT	35,810	30,152	1,569	0	27,628	7.00
7.01	OPERATION OF PLANT- POB I	0	0	0	0	0	7.01
7.02	OPERATION OF PLANT NW	0	0	0	17,939	0	7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	0	8,110	205	8.00
9.00	HOUSEKEEPING	2,078	0	0	0	2,759	9.00
9.01	HOUSEKEEPING-POB I	0	428	0	0	0	9.01
9.02	HOUSEKEEPING NW	0	0	0	11,092	0	9.02
10.00	DIETARY	0	0	0	0	20,741	10.00
11.00	CAFETERIA	0	0	0	20,010	19,988	11.00
13.00	NURSING ADMINISTRATION	0	1,565	0	0	510,412	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	41,164	14.00
15.00	PHARMACY	0	0	0	0	71,353	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	5,833	0	10,505	1,232	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	109,813	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	156,729	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	99,897	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	2,360	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	4,242	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	621,066	50.00
51.00	RECOVERY ROOM	0	0	0	0	61,880	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	123,957	53.00
54.00	RADIOLOGY-DIAGNOSTIC	115,905	24,937	0	121,794	412,830	54.00
57.00	CT SCAN	6,026	0	0	0	303,177	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	625,067	59.00
60.00	LABORATORY	0	1,293	0	17,865	192,039	60.00
60.01	G.I. LAB	0	0	0	0	118,842	60.01
60.02	VASCULAR LAB	0	0	0	0	28,768	60.02
60.03	LABORATORY-PATHOLOGY	0	0	0	0	38,341	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	61	63.00
65.00	RESPIRATORY THERAPY	0	0	0	47,072	106,848	65.00
66.00	PHYSICAL THERAPY	0	0	76,005	0	8,009	66.00
67.00	OCCUPATIONAL THERAPY	0	0	9,274	0	108	67.00
68.00	SPEECH PATHOLOGY	0	0	9,862	0	5,278	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	84,647	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	48,953	17,148	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	28,876	74.00
76.00	SHOCK THERAPY	0	0	0	0	171	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	4,035	0	0	10,728	76.01
76.02	DIABETES CARE CENTER	0	6,990	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	11,940	76.03
76.04	CARDIAC REHAB	0	0	0	0	23,725	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	220,831	157,819	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	494,506	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	163,938	143,291	112,539	700,281	8,513,891	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW CHIP	NEW POB I	NEW GRAHAM MOB	NEW NW BUILDING	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 VISITOR MEALS	0	0	0	0	0	190.01
190.02 NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03 NON REIMB NW BUILDING	0	0	0	34,555	0	190.03
190.04 NON REIMBURSABLE CHIP	38,185	0	0	0	0	190.04
190.05 NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07 NON REIMBURSABLE POB I	0	18,020	0	0	0	190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 CATERING	0	0	0	0	3,264	190.09
190.10 RETAIL PHARMACY	0	0	0	0	121	190.10
190.11 MARKETING	0	0	0	0	0	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	0	222,344	0	0	0	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	228,209	0	0	192.01
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)	202,123	383,655	340,748	734,836	8,517,276	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	76,370	76,370				4.00
5.01	ADMITTING	73,368	1,698	75,066			5.01
5.02	CASHIERING	53,240	0	0	53,240		5.02
5.03	MENTAL HEALTH ADMINISTRATION	3,664	134	0	0	3,798	5.03
5.04	ADMINISTRATIVE & GENERAL	6,251,829	5,037	0	0	0	5.04
7.00	OPERATION OF PLANT	964,311	1,943	0	0	0	7.00
7.01	OPERATION OF PLANT- POB I	0	2	0	0	0	7.01
7.02	OPERATION OF PLANT NW	24,792	81	0	0	0	7.02
8.00	LAUNDRY & LINEN SERVICE	85,442	0	0	0	0	8.00
9.00	HOUSEKEEPING	79,839	1,167	0	0	0	9.00
9.01	HOUSEKEEPING-POB I	428	100	0	0	0	9.01
9.02	HOUSEKEEPING NW	11,092	137	0	0	0	9.02
10.00	DIETARY	75,922	0	0	0	0	10.00
11.00	CAFETERIA	98,662	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	523,805	1,892	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,835,123	334	0	0	0	14.00
15.00	PHARMACY	517,683	2,398	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	99,218	2,762	0	0	0	16.00
17.00	SOCIAL SERVICE	3,498	630	0	0	0	17.00
21.00	T&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	PARAMED ED PRGM	0	26	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,005,755	15,574	7,304	5,194	2,244	30.00
31.00	INTENSIVE CARE UNIT	294,677	4,396	1,621	1,153	0	31.00
32.00	CORONARY CARE UNIT	218,513	2,547	1,089	774	0	32.00
40.00	SUBPROVIDER - IPF	136,507	963	325	231	1,554	40.00
41.00	SUBPROVIDER - IRF	115,004	834	326	232	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,485,137	3,852	4,172	2,967	0	50.00
51.00	RECOVERY ROOM	103,831	443	535	380	0	51.00
53.00	ANESTHESIOLOGY	130,702	0	727	517	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	823,971	3,901	7,459	5,304	0	54.00
57.00	CT SCAN	309,203	583	4,266	3,034	0	57.00
59.00	CARDIAC CATHETERIZATION	741,269	837	2,462	1,751	0	59.00
60.00	LABORATORY	409,654	4,288	12,069	8,442	0	60.00
60.01	G.I. LAB	150,399	535	695	494	0	60.01
60.02	VASCULAR LAB	29,151	240	587	417	0	60.02
60.03	LABORATORY-PATHOLOGY	69,669	260	418	297	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	500	454	1,132	805	0	63.00
65.00	RESPIRATORY THERAPY	216,719	2,869	2,635	1,874	0	65.00
66.00	PHYSICAL THERAPY	154,197	1,382	807	574	0	66.00
67.00	OCCUPATIONAL THERAPY	40,091	674	393	280	0	67.00
68.00	SPEECH PATHOLOGY	36,073	224	125	89	0	68.00
69.00	ELECTROCARDIOLOGY	88,879	467	2,263	1,609	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	70,062	356	512	364	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,099	2,203	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	3,368	2,395	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	6,096	4,335	0	73.00
74.00	RENAL DIALYSIS	52,572	0	619	440	0	74.00
76.00	SHOCK THERAPY	171	83	14	10	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	21,260	491	197	140	0	76.01
76.02	DIABETES CARE CENTER	12,375	210	14	10	0	76.02
76.03	OP PSYCH	19,082	332	253	180	0	76.03
76.04	CARDIAC REHAB	62,409	125	39	28	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	95	156	111	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	687,350	6,508	7,610	5,412	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	500,166	3,614	1,679	1,194	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,763,634	75,478	75,066	53,240	3,798	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,461	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
190.01	VISITOR MEALS	0	0	0	0	0	190.01
190.02	NON REIMBURSABLE B BLDG	1,233	0	0	0	0	190.02
190.03	NON REIMB NW BUILDING	34,555	0	0	0	0	190.03
190.04	NON REIMBURSABLE CHIP	38,185	0	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	6,425	0	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	205,325	0	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	18,020	0	0	0	0	190.07
190.08	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	CATERING	3,598	0	0	0	0	190.09
190.10	RETAIL PHARMACY	1,025	467	0	0	0	190.10
190.11	MARKETING	17,808	194	0	0	0	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	7,523	183	0	0	0	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	222,344	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	228,209	48	0	0	0	192.01
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)	20,569,345	76,370	75,066	53,240	3,798	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
	5.04	7.00	7.01	7.02	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL	6,256,866					5.04
7.00 OPERATION OF PLANT	274,958	1,241,212				7.00
7.01 OPERATION OF PLANT- POB I	100	0	102			7.01
7.02 OPERATION OF PLANT NW	15,138	0	0	40,011		7.02
8.00 LAUNDRY & LINEN SERVICE	42,471	14,398	0	600	142,911	8.00
9.00 HOUSEKEEPING	94,747	18,187	0	0	0	9.00
9.01 HOUSEKEEPING-POB I	6,459	0	0	0	0	9.01
9.02 HOUSEKEEPING NW	11,689	0	0	821	0	9.02
10.00 DIETARY	108,164	33,496	0	0	0	10.00
11.00 CAFETERIA	23,867	29,541	0	1,480	0	11.00
13.00 NURSING ADMINISTRATION	118,445	3,662	1	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	22,120	15,838	0	0	1,329	14.00
15.00 PHARMACY	148,481	8,843	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	183,910	13,901	2	777	0	16.00
17.00 SOCIAL SERVICE	31,787	0	0	0	0	17.00
21.00 T&R SERVICES-SALARY & FRINGES APPRVD	2,150	0	0	0	0	21.00
23.00 PARAMED ED PRGM	1,064	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	888,469	351,537	0	0	67,643	30.00
31.00 INTENSIVE CARE UNIT	252,166	27,062	0	0	8,810	31.00
32.00 CORONARY CARE UNIT	143,601	22,059	0	0	6,238	32.00
40.00 SUBPROVIDER - IPF	55,399	23,818	0	0	1,428	40.00
41.00 SUBPROVIDER - IRF	47,994	20,622	0	0	3,980	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	351,722	160,059	0	0	11,514	50.00
51.00 RECOVERY ROOM	27,584	7,849	0	0	0	51.00
53.00 ANESTHESIOLOGY	13,536	1,262	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	284,683	125,103	9	9,011	4,089	54.00
57.00 CT SCAN	56,763	5,296	0	0	2,974	57.00
59.00 CARDIAC CATHETERIZATION	93,053	21,265	0	0	1,815	59.00
60.00 LABORATORY	386,626	60,963	0	1,322	0	60.00
60.01 G.I. LAB	46,789	16,555	0	0	1,205	60.01
60.02 VASCULAR LAB	13,200	4,729	0	0	353	60.02
60.03 LABORATORY-PATHOLOGY	22,059	3,827	0	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	108,053	5,424	0	0	0	63.00
65.00 RESPIRATORY THERAPY	161,692	7,530	0	3,483	32	65.00
66.00 PHYSICAL THERAPY	75,464	10,427	0	0	305	66.00
67.00 OCCUPATIONAL THERAPY	35,181	5,746	0	0	0	67.00
68.00 SPEECH PATHOLOGY	12,684	3,917	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	31,155	9,822	0	0	125	69.00
70.00 ELECTROENCEPHALOGRAPHY	21,607	5,418	0	3,622	109	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	260,048	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	373,387	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	369,185	0	0	0	0	73.00
74.00 RENAL DIALYSIS	62,148	4,315	0	0	0	74.00
76.00 SHOCK THERAPY	4,465	0	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	29,551	966	1	0	122	76.01
76.02 DIABETES CARE CENTER	23,605	0	2	0	0	76.02
76.03 OP PSYCH	23,096	0	0	0	0	76.03
76.04 CARDIAC REHAB	8,829	7,161	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	7,903	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	385,181	72,397	0	16,338	26,856	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	220,170	2,686	0	0	3,984	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,982,598	1,125,681	15	37,454	142,911	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	707	4,015	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	OPERATION OF PLANT NW	LAUNDRY & LINEN SERVICE	
		5.04	7.00	7.01	7.02	8.00	
190.01	VISITOR MEALS	0	0	0	0	0	190.01
190.02	NON REIMBURSABLE B BLDG	41	15,217	0	0	0	190.02
190.03	NON REIMB NW BUILDING	1,139	0	0	2,557	0	190.03
190.04	NON REIMBURSABLE CHIP	1,259	33,560	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	212	9,497	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	6,768	38,417	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	594	0	6	0	0	190.07
190.08	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	CATERING	7,437	494	0	0	0	190.09
190.10	RETAIL PHARMACY	177,457	0	0	0	0	190.10
190.11	MARKETING	36,114	0	0	0	0	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	24,048	7,036	0	0	0	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	7,328	7,295	81	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	11,164	0	0	0	0	192.01
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)	6,256,866	1,241,212	102	40,011	142,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-P OB I	HOUSEKEEPING NW	DIETARY	CAFETERIA	
	9.00	9.01	9.02	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT- POB I						7.01
7.02 OPERATION OF PLANT NW						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	193,940					9.00
9.01 HOUSEKEEPING-POB I	0	6,987				9.01
9.02 HOUSEKEEPING NW	0	0	23,739			9.02
10.00 DIETARY	5,499	0	0	223,081		10.00
11.00 CAFETERIA	4,850	0	911	0	159,311	11.00
13.00 NURSING ADMINISTRATION	601	38	0	0	3,235	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,600	0	0	0	1,076	14.00
15.00 PHARMACY	1,452	0	0	0	3,272	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,282	143	478	0	5,956	16.00
17.00 SOCIAL SERVICE	0	0	0	0	1,186	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	119	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	57,716	0	0	156,204	35,884	30.00
31.00 INTENSIVE CARE UNIT	4,443	0	0	17,780	6,976	31.00
32.00 CORONARY CARE UNIT	3,621	0	0	12,968	4,991	32.00
40.00 SUBPROVIDER - IPF	3,910	0	0	9,363	1,949	40.00
41.00 SUBPROVIDER - IRF	3,385	0	0	10,035	1,811	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	26,277	0	0	0	6,545	50.00
51.00 RECOVERY ROOM	1,289	0	0	0	763	51.00
53.00 ANESTHESIOLOGY	207	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	20,538	611	5,543	0	6,912	54.00
57.00 CT SCAN	870	0	0	0	1,057	57.00
59.00 CARDIAC CATHETERIZATION	3,491	0	0	0	1,287	59.00
60.00 LABORATORY	10,008	32	813	0	10,414	60.00
60.01 G.I. LAB	2,718	0	0	0	983	60.01
60.02 VASCULAR LAB	776	0	0	0	414	60.02
60.03 LABORATORY-PATHOLOGY	628	0	0	0	643	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	890	0	0	0	1,130	63.00
65.00 RESPIRATORY THERAPY	1,236	0	2,142	0	5,313	65.00
66.00 PHYSICAL THERAPY	1,712	0	0	0	2,858	66.00
67.00 OCCUPATIONAL THERAPY	943	0	0	0	1,406	67.00
68.00 SPEECH PATHOLOGY	643	0	0	0	349	68.00
69.00 ELECTROCARDIOLOGY	1,612	0	0	0	965	69.00
70.00 ELECTROENCEPHALOGRAPHY	889	0	2,228	0	745	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	708	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	129	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	159	99	0	0	938	76.01
76.02 DIABETES CARE CENTER	0	171	0	0	478	76.02
76.03 OP PSYCH	0	0	0	0	781	76.03
76.04 CARDIAC REHAB	1,176	0	0	0	211	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	202	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	11,886	0	10,051	0	12,436	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	441	0	0	0	9,826	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	179,456	1,094	22,166	206,350	133,240	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	659	0	0	0	0	190.00

Provider CCN: 260180
 Period:
 From 01/01/2011
 To 12/31/2011

Worksheet B
 Part II
 Date/Time Prepared:
 5/28/2012 11:20 am

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-P	HOUSEKEEPING	DIETARY	CAFETERIA	
		9.00	OB I 9.01	NW 9.02	10.00	11.00	
190.01	VISITOR MEALS	0	0	0	0	24,536	190.01
190.02	NON REIMBURSABLE B BLDG	2,498	0	0	0	0	190.02
190.03	NON REIMB NW BUILDING	0	0	1,573	0	0	190.03
190.04	NON REIMBURSABLE CHIP	5,510	0	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	1,559	0	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	1,824	0	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	0	442	0	0	0	190.07
190.08	MEALS ON WHEELS	0	0	0	16,731	0	190.08
190.09	CATERING	81	0	0	0	0	190.09
190.10	RETAIL PHARMACY	0	0	0	0	763	190.10
190.11	MARKETING	0	0	0	0	312	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	1,155	0	0	0	202	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	1,198	5,451	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	258	192.01
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)	193,940	6,987	23,739	223,081	159,311	202.00

Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT- POB I						7.01
7.02 OPERATION OF PLANT NW						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-POB I						9.01
9.02 HOUSEKEEPING NW						9.02
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	651,679					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,878,420				14.00
15.00 PHARMACY	0	0	682,129			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	309,429		16.00
17.00 SOCIAL SERVICE	0	0	0	0	37,101	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	317,963	0	0	30,189	21,919	30.00
31.00 INTENSIVE CARE UNIT	65,337	0	0	6,699	0	31.00
32.00 CORONARY CARE UNIT	46,771	0	0	4,502	0	32.00
40.00 SUBPROVIDER - IPF	18,275	0	0	1,342	15,182	40.00
41.00 SUBPROVIDER - IRF	16,942	0	0	1,346	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	49,302	0	378	17,245	0	50.00
51.00 RECOVERY ROOM	7,111	0	0	2,211	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	3,006	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	30,830	0	54.00
57.00 CT SCAN	0	0	0	17,633	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	10,175	0	59.00
60.00 LABORATORY	0	0	0	49,043	0	60.00
60.01 G.I. LAB	0	0	0	2,873	0	60.01
60.02 VASCULAR LAB	0	0	0	2,426	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	1,728	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,677	0	63.00
65.00 RESPIRATORY THERAPY	0	0	82	10,892	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	3,336	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	1,625	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	517	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	9,354	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	2,117	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	716,949	0	12,807	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,161,471	0	13,922	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	676,968	25,196	0	73.00
74.00 RENAL DIALYSIS	0	0	0	2,558	0	74.00
76.00 SHOCK THERAPY	0	0	0	59	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	8,856	0	2,203	815	0	76.01
76.02 DIABETES CARE CENTER	4,510	0	0	58	0	76.02
76.03 OP PSYCH	0	0	0	1,044	0	76.03
76.04 CARDIAC REHAB	0	0	0	162	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	646	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	116,612	0	0	31,456	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	2,498	6,940	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	651,679	1,878,420	682,129	309,429	37,101	118.00

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01 VISITOR MEALS	0	0	0	0	0	0 190.01
190.02 NON REIMBURSABLE B BLDG	0	0	0	0	0	0 190.02
190.03 NON REIMB NW BUILDING	0	0	0	0	0	0 190.03
190.04 NON REIMBURSABLE CHIP	0	0	0	0	0	0 190.04
190.05 NON REIMBURSABLE PFD	0	0	0	0	0	0 190.05
190.06 NON REIMBURSABLE HOSPITAL	0	0	0	0	0	0 190.06
190.07 NON REIMBURSABLE POB I	0	0	0	0	0	0 190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	0 190.08
190.09 CATERING	0	0	0	0	0	0 190.09
190.10 RETAIL PHARMACY	0	0	0	0	0	0 190.10
190.11 MARKETING	0	0	0	0	0	0 190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	0	0 190.12
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	0 192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	651,679	1,878,420	682,129	309,429	37,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 260180

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-WHSE					1.01
1.02	NEW CAP REL COSTS-B BLDG					1.02
1.03	NEW CAP REL COSTS-PFD					1.03
1.04	NEW CAP REL COSTS-CHIP					1.04
1.05	NEW CAP REL COSTS-POB I					1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	ADMITTING					5.01
5.02	CASHIERING					5.02
5.03	MENTAL HEALTH ADMINISTRATION					5.03
5.04	ADMINISTRATIVE & GENERAL					5.04
7.00	OPERATION OF PLANT					7.00
7.01	OPERATION OF PLANT- POB I					7.01
7.02	OPERATION OF PLANT NW					7.02
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
9.01	HOUSEKEEPING-POB I					9.01
9.02	HOUSEKEEPING NW					9.02
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,150				21.00
23.00	PARAMED ED PRGM		1,209			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS			3,963,595	0	3,963,595 30.00
31.00	INTENSIVE CARE UNIT			691,120	0	691,120 31.00
32.00	CORONARY CARE UNIT			467,674	0	467,674 32.00
40.00	SUBPROVIDER - IPF			270,246	0	270,246 40.00
41.00	SUBPROVIDER - IRF			222,511	0	222,511 41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM			2,119,170	0	2,119,170 50.00
51.00	RECOVERY ROOM			151,996	0	151,996 51.00
53.00	ANESTHESIOLOGY			149,957	0	149,957 53.00
54.00	RADIOLOGY-DIAGNOSTIC			1,327,964	0	1,327,964 54.00
57.00	CT SCAN			401,679	0	401,679 57.00
59.00	CARDIAC CATHETERIZATION			877,405	0	877,405 59.00
60.00	LABORATORY			953,674	0	953,674 60.00
60.01	G.I. LAB			223,246	0	223,246 60.01
60.02	VASCULAR LAB			52,293	0	52,293 60.02
60.03	LABORATORY-PATHOLOGY			99,529	0	99,529 60.03
63.00	BLOOD STORING, PROCESSING & TRANS.			123,065	0	123,065 63.00
65.00	RESPIRATORY THERAPY			416,499	0	416,499 65.00
66.00	PHYSICAL THERAPY			251,062	0	251,062 66.00
67.00	OCCUPATIONAL THERAPY			86,339	0	86,339 67.00
68.00	SPEECH PATHOLOGY			54,621	0	54,621 68.00
69.00	ELECTROCARDIOLOGY			146,251	0	146,251 69.00
70.00	ELECTROENCEPHALOGRAPHY			108,029	0	108,029 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			995,106	0	995,106 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT			1,554,543	0	1,554,543 72.00
73.00	DRUGS CHARGED TO PATIENTS			1,081,780	0	1,081,780 73.00
74.00	RENAL DIALYSIS			123,360	0	123,360 74.00
76.00	SHOCK THERAPY			4,931	0	4,931 76.00
76.01	PAIN MANAGEMENT & OP CHEMO			65,798	0	65,798 76.01
76.02	DIABETES CARE CENTER			41,433	0	41,433 76.02
76.03	OP PSYCH			44,768	0	44,768 76.03
76.04	CARDIAC REHAB			80,140	0	80,140 76.04
76.98	HYPERBARIC OXYGEN THERAPY			9,113	0	9,113 76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY			1,390,093	0	1,390,093 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES					
	21.00	23.00	24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		753,198	0	753,198	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,302,188	0	19,302,188	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		26,842	0	26,842	190.00
190.01	VISITOR MEALS		24,536	0	24,536	190.01
190.02	NON REIMBURSABLE B BLDG		18,989	0	18,989	190.02
190.03	NON REIMB NW BUILDING		39,824	0	39,824	190.03
190.04	NON REIMBURSABLE CHIP		78,514	0	78,514	190.04
190.05	NON REIMBURSABLE PFD		17,693	0	17,693	190.05
190.06	NON REIMBURSABLE HOSPITAL		252,334	0	252,334	190.06
190.07	NON REIMBURSABLE POB I		19,062	0	19,062	190.07
190.08	MEALS ON WHEELS		16,731	0	16,731	190.08
190.09	CATERING		11,610	0	11,610	190.09
190.10	RETAIL PHARMACY		179,712	0	179,712	190.10
190.11	MARKETING		54,428	0	54,428	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT		40,147	0	40,147	190.12
192.00	PHYSICIANS' PRIVATE OFFICES		243,697	0	243,697	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM		239,679	0	239,679	192.01
200.00	Cross Foot Adjustments	2,150	1,209	3,359	3,359	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,150	1,209	20,569,345	20,569,345	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS					NEW CHIP (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	367,344						1.00
1.01 NEW CAP REL COSTS-WHSE	0	19,654					1.01
1.02 NEW CAP REL COSTS-B BLDG	0	0	63,100				1.02
1.03 NEW CAP REL COSTS-PFD	0	0	0	84,340			1.03
1.04 NEW CAP REL COSTS-CHIP	0	0	0	0	55,743		1.04
1.05 NEW CAP REL COSTS-POB I	0	0	0	0	0		1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB	0	0	0	0	0		1.06
1.07 NEW CAP REL COSTS-NW BUILDING	0	0	0	0	0		1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	761	0	3,734	7,807	0		4.00
5.01 ADMITTING	1,587	0	0	1,620	0		5.01
5.02 CASHIERING	2,088	0	180	8,177	0		5.02
5.03 MENTAL HEALTH ADMINISTRATION	0	0	540	0	0		5.03
5.04 ADMINISTRATIVE & GENERAL	34,170	11,091	6,178	47,315	1,136		5.04
7.00 OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876		7.00
7.01 OPERATION OF PLANT- POB I	0	0	0	0	0		7.01
7.02 OPERATION OF PLANT NW	0	0	0	0	0		7.02
8.00 LAUNDRY & LINEN SERVICE	4,518	0	0	0	0		8.00
9.00 HOUSEKEEPING	4,348	0	395	391	573		9.00
9.01 HOUSEKEEPING-POB I	0	0	0	0	0		9.01
9.02 HOUSEKEEPING NW	0	0	0	0	0		9.02
10.00 DIETARY	2,778	7,367	0	366	0		10.00
11.00 CAFETERIA	3,241	0	5,025	1,004	0		11.00
13.00 NURSING ADMINISTRATION	0	0	1,149	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	4,970	0	0	0	0		14.00
15.00 PHARMACY	2,775	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,362	0	0	0	0		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
23.00 PARAMED ED PRGM	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	109,248	0	1,063	0	0		30.00
31.00 INTENSIVE CARE UNIT	7,877	0	615	0	0		31.00
32.00 CORONARY CARE UNIT	6,922	0	0	0	0		32.00
40.00 SUBPROVIDER - IPF	7,474	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	6,471	0	0	0	0		41.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	50,000	0	226	0	0		50.00
51.00 RECOVERY ROOM	2,463	0	0	0	0		51.00
53.00 ANESTHESIOLOGY	396	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,730	0	562	0	31,965		54.00
57.00 CT SCAN	0	0	0	0	1,662		57.00
59.00 CARDIAC CATHETERIZATION	6,673	0	0	0	0		59.00
60.00 LABORATORY	4,652	0	14,478	0	0		60.00
60.01 G.I. LAB	1,533	0	3,662	0	0		60.01
60.02 VASCULAR LAB	0	0	1,484	0	0		60.02
60.03 LABORATORY-PATHOLOGY	0	0	1,201	0	0		60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	1,702	0	0		63.00
65.00 RESPIRATORY THERAPY	2,157	0	206	0	0		65.00
66.00 PHYSICAL THERAPY	3,272	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1,803	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	1,229	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	3,082	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,700	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	1,354	0	0	0	0		74.00
76.00 SHOCK THERAPY	0	0	0	0	0		76.00
76.01 PAIN MANAGEMENT & OP CHEMO	303	0	0	0	0		76.01
76.02 DIABETES CARE CENTER	0	0	0	0	0		76.02
76.03 OP PSYCH	0	0	0	0	0		76.03
76.04 CARDIAC REHAB	2,247	0	0	0	0		76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
91.00 EMERGENCY	16,540	0	6,178	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	0	0	843	0	0		95.00

Cost Center Description	CAPITAL RELATED COSTS					NEW CHIP (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW WHSE (SQUARE FEET)	NEW B BLDG (SQUARE FEET)	NEW PFD (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,672	19,654	58,325	77,065	45,212	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	0	0 190.00
190.01	VISITOR MEALS	0	0	0	0	0	0 190.01
190.02	NON REIMBURSABLE B BLDG	0	0	4,775	0	0	0 190.02
190.03	NON REIMB NW BUILDING	0	0	0	0	0	0 190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	10,531	0 190.04
190.05	NON REIMBURSABLE PFD	0	0	0	2,980	0	0 190.05
190.06	NON REIMBURSABLE HOSPITAL	12,055	0	0	0	0	0 190.06
190.07	NON REIMBURSABLE POB I	0	0	0	0	0	0 190.07
190.08	MEALS ON WHEELS	0	0	0	0	0	0 190.08
190.09	CATERING	0	0	0	155	0	0 190.09
190.10	RETAIL PHARMACY	0	0	0	0	0	0 190.10
190.11	MARKETING	357	0	0	1,932	0	0 190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	2,208	0	0 190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	0 192.01
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)	6,256,734	5,482	16,292	181,841	202,123	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	17.032357	0.278925	0.258193	2.156047	3.625980	203.00
204.00	Cost to be allocated (per wkst. B, Part II)						204.00
205.00	Unit cost multiplier (wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.05	1.06	1.07	2.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I	78,926					1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB	0	40,600				1.06
1.07 NEW CAP REL COSTS-NW BUILDING	0	0	50,017			1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP				9,026,306		2.00
4.00 EMPLOYEE BENEFITS	2,131	0	0	6,590	90,824,208	4.00
5.01 ADMITTING	0	0	1,440	505	2,018,432	5.01
5.02 CASHIERING	0	0	0	0	108	5.02
5.03 MENTAL HEALTH ADMINISTRATION	0	0	0	0	159,210	5.03
5.04 ADMINISTRATIVE & GENERAL	11,870	1,886	10,547	4,199,681	5,989,112	5.04
7.00 OPERATION OF PLANT	6,203	187	0	29,279	2,310,339	7.00
7.01 OPERATION OF PLANT- POB I	0	0	0	0	2,183	7.01
7.02 OPERATION OF PLANT NW	0	0	1,221	0	95,967	7.02
8.00 LAUNDRY & LINEN SERVICE	0	0	552	217	0	8.00
9.00 HOUSEKEEPING	0	0	0	2,924	1,388,016	9.00
9.01 HOUSEKEEPING-POB I	88	0	0	0	118,557	9.01
9.02 HOUSEKEEPING NW	0	0	755	0	162,588	9.02
10.00 DIETARY	0	0	0	21,981	0	10.00
11.00 CAFETERIA	0	0	1,362	21,183	0	11.00
13.00 NURSING ADMINISTRATION	322	0	0	540,916	2,250,088	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	43,624	396,793	14.00
15.00 PHARMACY	0	0	0	75,617	2,850,841	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,200	0	715	1,306	3,284,661	16.00
17.00 SOCIAL SERVICE	0	0	0	0	748,980	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	0	31,025	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	116,376	18,534,678	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	166,096	5,226,912	31.00
32.00 CORONARY CARE UNIT	0	0	0	105,867	3,028,661	32.00
40.00 SUBPROVIDER - IPF	0	0	0	2,501	1,144,961	40.00
41.00 SUBPROVIDER - IRF	0	0	0	4,495	991,523	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	658,184	4,580,295	50.00
51.00 RECOVERY ROOM	0	0	0	65,578	526,534	51.00
53.00 ANESTHESIOLOGY	0	0	0	131,365	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,130	0	8,290	437,502	4,638,264	54.00
57.00 CT SCAN	0	0	0	321,296	692,680	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	662,424	995,716	59.00
60.00 LABORATORY	266	0	1,216	203,516	5,098,112	60.00
60.01 G.I. LAB	0	0	0	125,944	635,572	60.01
60.02 VASCULAR LAB	0	0	0	30,487	285,726	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	40,632	309,653	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	65	539,722	63.00
65.00 RESPIRATORY THERAPY	0	0	3,204	113,234	3,411,144	65.00
66.00 PHYSICAL THERAPY	0	9,056	0	8,488	1,642,746	66.00
67.00 OCCUPATIONAL THERAPY	0	1,105	0	114	801,152	67.00
68.00 SPEECH PATHOLOGY	0	1,175	0	5,593	266,704	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	89,706	555,730	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	3,332	18,173	423,892	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	30,602	0	74.00
76.00 SHOCK THERAPY	0	0	0	181	99,120	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	830	0	0	11,369	584,219	76.01
76.02 DIABETES CARE CENTER	1,438	0	0	0	250,264	76.02
76.03 OP PSYCH	0	0	0	12,654	394,432	76.03
76.04 CARDIAC REHAB	0	0	0	25,143	148,198	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	113,117	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	15,031	167,251	7,738,787	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	524,060	4,297,701	95.00

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)		
	NEW POB I (SQUARE FEET)	NEW GRAHAM MOB (SQUARE FEET)	NEW NW BUILDING (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.05	1.06	1.07	2.00			
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,478	13,409	47,665	9,022,719	89,763,115	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	VISITOR MEALS	0	0	0	0	0	190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	3,707	0	0	0	0	190.07
190.08	MEALS ON WHEELS	0	0	0	0	0	190.08
190.09	CATERING	0	0	0	3,459	0	190.09
190.10	RETAIL PHARMACY	0	0	0	128	555,217	190.10
190.11	MARKETING	0	0	0	0	231,179	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	217,897	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	27,191	0	0	56,800	192.01
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)	383,655	340,748	734,836	8,517,276	3,753,518	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.860946	8.392808	14.691725	0.943606	0.041327	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					76,370	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000841	205.00

Cost Center Description		ADMITTING (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		5.01	5.02	5.03	5A.04	5.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING	830,978,126					5.01
5.02	CASHIERING	0	830,978,126				5.02
5.03	MENTAL HEALTH ADMINISTRATION	0	0	9,558			5.03
5.04	ADMINISTRATIVE & GENERAL	0	0	0	-46,227,017	189,834,433	5.04
7.00	OPERATION OF PLANT	0	0	0	0	8,342,161	7.00
7.01	OPERATION OF PLANT- POB I	0	0	0	0	3,029	7.01
7.02	OPERATION OF PLANT NW	0	0	0	0	459,270	7.02
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,288,564	8.00
9.00	HOUSEKEEPING	0	0	0	0	2,874,595	9.00
9.01	HOUSEKEEPING-POB I	0	0	0	0	195,970	9.01
9.02	HOUSEKEEPING NW	0	0	0	0	354,657	9.02
10.00	DIETARY	0	0	0	0	3,281,689	10.00
11.00	CAFETERIA	0	0	0	0	724,112	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	3,593,605	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	671,112	14.00
15.00	PHARMACY	0	0	0	0	4,504,898	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	5,579,806	16.00
17.00	SOCIAL SERVICE	0	0	0	0	964,398	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	65,219	21.00
23.00	PARAMED ED PRGM	0	0	0	0	32,295	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	81,152,569	81,152,569	5,647	0	26,958,375	30.00
31.00	INTENSIVE CARE UNIT	18,008,078	18,008,078	0	0	7,650,675	31.00
32.00	CORONARY CARE UNIT	12,101,459	12,101,459	0	0	4,356,836	32.00
40.00	SUBPROVIDER - IPF	3,608,224	3,608,224	3,911	0	1,680,804	40.00
41.00	SUBPROVIDER - IRF	3,619,284	3,619,284	0	0	1,456,124	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	46,357,325	46,357,325	0	0	10,671,179	50.00
51.00	RECOVERY ROOM	5,944,698	5,944,698	0	0	836,883	51.00
53.00	ANESTHESIOLOGY	8,079,400	8,079,400	0	0	410,685	53.00
54.00	RADIOLOGY-DIAGNOSTIC	82,877,241	82,877,241	0	0	8,637,221	54.00
57.00	CT SCAN	47,400,281	47,400,281	0	0	1,722,168	57.00
59.00	CARDIAC CATHETERIZATION	27,353,107	27,353,107	0	0	2,823,201	59.00
60.00	LABORATORY	131,016,297	131,016,297	0	0	11,730,171	60.00
60.01	G.I. LAB	7,723,905	7,723,905	0	0	1,419,564	60.01
60.02	VASCULAR LAB	6,522,802	6,522,802	0	0	400,481	60.02
60.03	LABORATORY-PATHOLOGY	4,644,544	4,644,544	0	0	669,263	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	12,572,589	12,572,589	0	0	3,278,304	63.00
65.00	RESPIRATORY THERAPY	29,279,902	29,279,902	0	0	4,905,709	65.00
66.00	PHYSICAL THERAPY	8,967,121	8,967,121	0	0	2,289,554	66.00
67.00	OCCUPATIONAL THERAPY	4,368,809	4,368,809	0	0	1,067,375	67.00
68.00	SPEECH PATHOLOGY	1,388,619	1,388,619	0	0	384,834	68.00
69.00	ELECTROCARDIOLOGY	25,145,420	25,145,420	0	0	945,226	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,689,642	5,689,642	0	0	655,557	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,428,440	34,428,440	0	0	7,889,808	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	37,423,984	37,423,984	0	0	11,328,500	72.00
73.00	DRUGS CHARGED TO PATIENTS	67,731,685	67,731,685	0	0	11,200,992	73.00
74.00	RENAL DIALYSIS	6,875,147	6,875,147	0	0	1,885,567	74.00
76.00	SHOCK THERAPY	158,917	158,917	0	0	135,462	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	2,190,266	2,190,266	0	0	896,577	76.01
76.02	DIABETES CARE CENTER	156,958	156,958	0	0	716,167	76.02
76.03	OP PSYCH	2,806,370	2,806,370	0	0	700,725	76.03
76.04	CARDIAC REHAB	435,202	435,202	0	0	267,874	76.04
76.98	HYPERBARIC OXYGEN THERAPY	1,735,410	1,735,410	0	0	239,773	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	84,559,529	84,559,529	0	0	11,686,304	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	18,654,902	18,654,902	0	0	6,679,923	95.00

Cost Center Description	ADMITTING (GROSS REVENUE)	CASHIERING (GROSS REVENUE)	MENTAL HEALTH ADMINISTRATION (PSYCH PATIEN DAYS)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	5.01	5.02	5.03	5A.04	5.04	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	830,978,126	830,978,126	9,558	-46,227,017	181,513,241 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	21,461 190.00
190.01	VISITOR MEALS	0	0	0	0	0 190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	0	1,233 190.02
190.03	NON REIMB NW BUILDING	0	0	0	0	34,555 190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	38,185 190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	6,425 190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	0	0	205,325 190.06
190.07	NON REIMBURSABLE POB I	0	0	0	0	18,020 190.07
190.08	MEALS ON WHEELS	0	0	0	0	0 190.08
190.09	CATERING	0	0	0	0	225,635 190.09
190.10	RETAIL PHARMACY	0	0	0	0	5,384,007 190.10
190.11	MARKETING	0	0	0	0	1,095,680 190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	729,617 190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	222,344 192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	338,705 192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,758,011	70,784	231,715		46,227,017 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003319	0.000085	24.243042		0.243512 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	75,066	53,240	3,798		6,256,866 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000090	0.000064	0.397363		0.032960 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		7.00	7.01	7.02	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-WHSE						1.01
1.02	NEW CAP REL COSTS-B BLDG						1.02
1.03	NEW CAP REL COSTS-PFD						1.03
1.04	NEW CAP REL COSTS-CHIP						1.04
1.05	NEW CAP REL COSTS-POB I						1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07	NEW CAP REL COSTS-NW BUILDING						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING						5.01
5.02	CASHIERING						5.02
5.03	MENTAL HEALTH ADMINISTRATION						5.03
5.04	ADMINISTRATIVE & GENERAL						5.04
7.00	OPERATION OF PLANT	389,488					7.00
7.01	OPERATION OF PLANT- POB I	0	58,722				7.01
7.02	OPERATION OF PLANT NW	0	0	36,809			7.02
8.00	LAUNDRY & LINEN SERVICE	4,518	0	552	1,938,271		8.00
9.00	HOUSEKEEPING	5,707	0	0	0	370,695	9.00
9.01	HOUSEKEEPING-POB I	0	88	0	0	0	9.01
9.02	HOUSEKEEPING NW	0	0	755	0	0	9.02
10.00	DIETARY	10,511	0	0	0	10,511	10.00
11.00	CAFETERIA	9,270	0	1,362	0	9,270	11.00
13.00	NURSING ADMINISTRATION	1,149	322	0	0	1,149	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,970	0	0	18,019	4,970	14.00
15.00	PHARMACY	2,775	0	0	0	2,775	15.00
16.00	MEDICAL RECORDS & LIBRARY	4,362	1,200	715	0	4,362	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	110,311	0	0	917,449	110,311	30.00
31.00	INTENSIVE CARE UNIT	8,492	0	0	119,486	8,492	31.00
32.00	CORONARY CARE UNIT	6,922	0	0	84,601	6,922	32.00
40.00	SUBPROVIDER - IPF	7,474	0	0	19,363	7,474	40.00
41.00	SUBPROVIDER - IRF	6,471	0	0	53,982	6,471	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	50,226	0	0	156,160	50,226	50.00
51.00	RECOVERY ROOM	2,463	0	0	0	2,463	51.00
53.00	ANESTHESIOLOGY	396	0	0	0	396	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,257	5,130	8,290	55,461	39,257	54.00
57.00	CT SCAN	1,662	0	0	40,337	1,662	57.00
59.00	CARDIAC CATHETERIZATION	6,673	0	0	24,610	6,673	59.00
60.00	LABORATORY	19,130	266	1,216	0	19,130	60.00
60.01	G.I. LAB	5,195	0	0	16,338	5,195	60.01
60.02	VASCULAR LAB	1,484	0	0	4,793	1,484	60.02
60.03	LABORATORY-PATHOLOGY	1,201	0	0	0	1,201	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	1,702	0	0	0	1,702	63.00
65.00	RESPIRATORY THERAPY	2,363	0	3,204	432	2,363	65.00
66.00	PHYSICAL THERAPY	3,272	0	0	4,135	3,272	66.00
67.00	OCCUPATIONAL THERAPY	1,803	0	0	0	1,803	67.00
68.00	SPEECH PATHOLOGY	1,229	0	0	0	1,229	68.00
69.00	ELECTROCARDIOLOGY	3,082	0	0	1,691	3,082	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,700	0	3,332	1,474	1,700	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,354	0	0	0	1,354	74.00
76.00	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	303	830	0	1,657	303	76.01
76.02	DIABETES CARE CENTER	0	1,438	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	0	76.03
76.04	CARDIAC REHAB	2,247	0	0	0	2,247	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	22,718	0	15,031	364,246	22,718	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	843	0	0	54,037	843	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	353,235	9,274	34,457	1,938,271	343,010	118.00

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	OPERATION OF PLANT NW (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	7.00	7.01	7.02	8.00	9.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,260	0	0	0	1,260	190.00
190.01 VISITOR MEALS	0	0	0	0	0	190.01
190.02 NON REIMBURSABLE B BLDG	4,775	0	0	0	4,775	190.02
190.03 NON REIMB NW BUILDING	0	0	2,352	0	0	190.03
190.04 NON REIMBURSABLE CHIP	10,531	0	0	0	10,531	190.04
190.05 NON REIMBURSABLE PFD	2,980	0	0	0	2,980	190.05
190.06 NON REIMBURSABLE HOSPITAL	12,055	0	0	0	3,487	190.06
190.07 NON REIMBURSABLE POB I	0	3,707	0	0	0	190.07
190.08 MEALS ON WHEELS	0	0	0	0	0	190.08
190.09 CATERING	155	0	0	0	155	190.09
190.10 RETAIL PHARMACY	0	0	0	0	0	190.10
190.11 MARKETING	0	0	0	0	0	190.11
190.12 PHYSICIAN PRACTICE DEVELOPMENT	2,208	0	0	0	2,208	190.12
192.00 PHYSICIANS' PRIVATE OFFICES	2,289	45,741	0	0	2,289	192.00
192.01 PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	0	192.01
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)	10,373,577	3,767	571,108	1,731,242	3,726,593	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	26.633881	0.064150	15.515445	0.893189	10.052990	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	1,241,212	102	40,011	142,911	193,940	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	3.186779	0.001737	1.086990	0.073731	0.523179	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 260180

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

Worksheet B-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	HOUSEKEEPING-P OB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
	9.01	9.02	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-WHSE						1.01
1.02 NEW CAP REL COSTS-B BLDG						1.02
1.03 NEW CAP REL COSTS-PFD						1.03
1.04 NEW CAP REL COSTS-CHIP						1.04
1.05 NEW CAP REL COSTS-POB I						1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB						1.06
1.07 NEW CAP REL COSTS-NW BUILDING						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.02 CASHIERING						5.02
5.03 MENTAL HEALTH ADMINISTRATION						5.03
5.04 ADMINISTRATIVE & GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
7.01 OPERATION OF PLANT- POB I						7.01
7.02 OPERATION OF PLANT NW						7.02
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-POB I	58,634					9.01
9.02 HOUSEKEEPING NW	0	35,502				9.02
10.00 DIETARY	0	0	353,513			10.00
11.00 CAFETERIA	0	1,362	0	461,534		11.00
13.00 NURSING ADMINISTRATION	322	0	0	9,373	1,573,904	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	3,116	0	14.00
15.00 PHARMACY	0	0	0	9,480	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,200	715	0	17,255	0	16.00
17.00 SOCIAL SERVICE	0	0	0	3,435	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
23.00 PARAMED ED PRGM	0	0	0	346	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	247,535	103,958	767,928	30.00
31.00 INTENSIVE CARE UNIT	0	0	28,175	20,211	157,799	31.00
32.00 CORONARY CARE UNIT	0	0	20,550	14,459	112,959	32.00
40.00 SUBPROVIDER - IPF	0	0	14,837	5,645	44,136	40.00
41.00 SUBPROVIDER - IRF	0	0	15,903	5,246	40,918	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	18,960	119,072	50.00
51.00 RECOVERY ROOM	0	0	0	2,210	17,174	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,130	8,290	0	20,025	0	54.00
57.00 CT SCAN	0	0	0	3,062	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	3,728	0	59.00
60.00 LABORATORY	266	1,216	0	30,170	0	60.00
60.01 G.I. LAB	0	0	0	2,849	0	60.01
60.02 VASCULAR LAB	0	0	0	1,198	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	1,864	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,275	0	63.00
65.00 RESPIRATORY THERAPY	0	3,204	0	15,391	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	8,281	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	4,074	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	1,012	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	2,796	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,332	0	2,157	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	373	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	830	0	0	2,716	21,389	76.01
76.02 DIABETES CARE CENTER	1,438	0	0	1,385	10,893	76.02
76.03 OP PSYCH	0	0	0	2,263	0	76.03
76.04 CARDIAC REHAB	0	0	0	612	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	586	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	15,031	0	36,029	281,636	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	28,466	0	95.00

Cost Center Description		HOUSEKEEPING-P OB I (SQUARE FEET)	HOUSEKEEPING NW (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		9.01	9.02	10.00	11.00	13.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,186	33,150	327,000	386,006	1,573,904	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	VISITOR MEALS	0	0	0	71,081	0	190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	0	0	190.02
190.03	NON REIMB NW BUILDING	0	2,352	0	0	0	190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	3,707	0	0	0	0	190.07
190.08	MEALS ON WHEELS	0	0	26,513	0	0	190.08
190.09	CATERING	0	0	0	0	0	190.09
190.10	RETAIL PHARMACY	0	0	0	2,210	0	190.10
190.11	MARKETING	0	0	0	905	0	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	586	0	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	45,741	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	746	0	192.01
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)	243,697	452,734	4,466,436	1,279,030	4,538,178	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	4.156240	12.752352	12.634432	2.771258	2.883389	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	6,987	23,739	223,081	159,311	651,679	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.119163	0.668667	0.631040	0.345177	0.414053	205.00

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS-WHSE					1.01
1.02	NEW CAP REL COSTS-B BLDG					1.02
1.03	NEW CAP REL COSTS-PFD					1.03
1.04	NEW CAP REL COSTS-CHIP					1.04
1.05	NEW CAP REL COSTS-POB I					1.05
1.06	NEW CAP REL COSTS-GRAHAM MOB					1.06
1.07	NEW CAP REL COSTS-NW BUILDING					1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	ADMITTING					5.01
5.02	CASHIERING					5.02
5.03	MENTAL HEALTH ADMINISTRATION					5.03
5.04	ADMINISTRATIVE & GENERAL					5.04
7.00	OPERATION OF PLANT					7.00
7.01	OPERATION OF PLANT- POB I					7.01
7.02	OPERATION OF PLANT NW					7.02
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
9.01	HOUSEKEEPING-POB I					9.01
9.02	HOUSEKEEPING NW					9.02
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY	19,001,767				14.00
15.00	PHARMACY	0	11,054,073			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	830,978,126		16.00
17.00	SOCIAL SERVICE	0	0	0	10,000	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
23.00	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	81,152,569	5,908	30.00
31.00	INTENSIVE CARE UNIT	0	0	18,008,078	0	31.00
32.00	CORONARY CARE UNIT	0	0	12,101,459	0	32.00
40.00	SUBPROVIDER - IPF	0	0	3,608,224	4,092	40.00
41.00	SUBPROVIDER - IRF	0	0	3,619,284	0	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	6,122	46,357,325	0	50.00
51.00	RECOVERY ROOM	0	0	5,944,698	0	51.00
53.00	ANESTHESIOLOGY	0	0	8,079,400	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	82,877,241	0	54.00
57.00	CT SCAN	0	0	47,400,281	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	27,353,107	0	59.00
60.00	LABORATORY	0	0	131,016,297	0	60.00
60.01	G.I. LAB	0	0	7,723,905	0	60.01
60.02	VASCULAR LAB	0	0	6,522,802	0	60.02
60.03	LABORATORY-PATHOLOGY	0	0	4,644,544	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	12,572,589	0	63.00
65.00	RESPIRATORY THERAPY	0	1,332	29,279,902	0	65.00
66.00	PHYSICAL THERAPY	0	0	8,967,121	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	4,368,809	0	67.00
68.00	SPEECH PATHOLOGY	0	0	1,388,619	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	25,145,420	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	5,689,642	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,252,527	0	34,428,440	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,749,240	0	37,423,984	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,970,434	67,731,685	0	73.00
74.00	RENAL DIALYSIS	0	0	6,875,147	0	74.00
76.00	SHOCK THERAPY	0	0	158,917	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	35,697	2,190,266	0	76.01
76.02	DIABETES CARE CENTER	0	0	156,958	0	76.02
76.03	OP PSYCH	0	0	2,806,370	0	76.03
76.04	CARDIAC REHAB	0	0	435,202	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	1,735,410	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	0	84,559,529	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	40,488	18,654,902	0	95.00

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS) 14.00	PHARMACY (COSTED REQUISITIONS) 15.00	MEDICAL RECORDS & LIBRARY (GROSS REVENUE) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,001,767	11,054,073	830,978,126	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	VISITOR MEALS	0	0	0	0	190.01
190.02	NON REIMBURSABLE B BLDG	0	0	0	0	190.02
190.03	NON REIMB NW BUILDING	0	0	0	0	190.03
190.04	NON REIMBURSABLE CHIP	0	0	0	0	190.04
190.05	NON REIMBURSABLE PFD	0	0	0	0	190.05
190.06	NON REIMBURSABLE HOSPITAL	0	0	0	0	190.06
190.07	NON REIMBURSABLE POB I	0	0	0	0	190.07
190.08	MEALS ON WHEELS	0	0	0	0	190.08
190.09	CATERING	0	0	0	0	190.09
190.10	RETAIL PHARMACY	0	0	0	0	190.10
190.11	MARKETING	0	0	0	0	190.11
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0	0	0	190.12
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0	0	0	192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,041,598	5,729,973	7,171,678	1,208,759	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.054816	0.518359	0.008630	120.875900	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,878,420	682,129	309,429	37,101	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.098855	0.061708	0.000372	3.710100	205.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (PATIENT DAYS)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)			
	21.00	23.00		
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 NEW CAP REL COSTS-WHSE				1.01
1.02 NEW CAP REL COSTS-B BLDG				1.02
1.03 NEW CAP REL COSTS-PFD				1.03
1.04 NEW CAP REL COSTS-CHIP				1.04
1.05 NEW CAP REL COSTS-POB I				1.05
1.06 NEW CAP REL COSTS-GRAHAM MOB				1.06
1.07 NEW CAP REL COSTS-NW BUILDING				1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 ADMITTING				5.01
5.02 CASHIERING				5.02
5.03 MENTAL HEALTH ADMINISTRATION				5.03
5.04 ADMINISTRATIVE & GENERAL				5.04
7.00 OPERATION OF PLANT				7.00
7.01 OPERATION OF PLANT- POB I				7.01
7.02 OPERATION OF PLANT NW				7.02
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
9.01 HOUSEKEEPING-POB I				9.01
9.02 HOUSEKEEPING NW				9.02
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	100			21.00
23.00 PARAMED ED PRGM		86,199		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	65,252		30.00
31.00 INTENSIVE CARE UNIT	0	7,427		31.00
32.00 CORONARY CARE UNIT	0	5,417		32.00
40.00 SUBPROVIDER - IPF	0	3,911		40.00
41.00 SUBPROVIDER - IRF	0	4,192		41.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	100	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 CT SCAN	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 G.I. LAB	0	0		60.01
60.02 VASCULAR LAB	0	0		60.02
60.03 LABORATORY-PATHOLOGY	0	0		60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
76.00 SHOCK THERAPY	0	0		76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02 DIABETES CARE CENTER	0	0		76.02
76.03 OP PSYCH	0	0		76.03
76.04 CARDIAC REHAB	0	0		76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	0		95.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (PATIENT DAYS)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	21.00	23.00	
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	86,199
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
190.01	VISITOR MEALS	0	0
190.02	NON REIMBURSABLE B BLDG	0	0
190.03	NON REIMB NW BUILDING	0	0
190.04	NON REIMBURSABLE CHIP	0	0
190.05	NON REIMBURSABLE PFD	0	0
190.06	NON REIMBURSABLE HOSPITAL	0	0
190.07	NON REIMBURSABLE POB I	0	0
190.08	MEALS ON WHEELS	0	0
190.09	CATERING	0	0
190.10	RETAIL PHARMACY	0	0
190.11	MARKETING	0	0
190.12	PHYSICIAN PRACTICE DEVELOPMENT	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	0	0
200.00	Cross Foot Adjustments		
201.00	Negative Cost Centers		
202.00	Cost to be allocated (per wkst. B, Part I)	81,101	41,118
203.00	Unit cost multiplier (wkst. B, Part I)	811.010000	0.477012
204.00	Cost to be allocated (per wkst. B, Part II)	2,150	1,209
205.00	Unit cost multiplier (wkst. B, Part II)	21.500000	0.014026

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS	
			Total Costs	Costs		Total Costs		
				RCE Disallowance				
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS		45,464,934		45,464,934	2,096	45,467,030	30.00
31.00	INTENSIVE CARE UNIT		10,957,909		10,957,909	0	10,957,909	31.00
32.00	CORONARY CARE UNIT		6,479,723		6,479,723	0	6,479,723	32.00
40.00	SUBPROVIDER - IPF		3,239,584		3,239,584	0	3,239,584	40.00
41.00	SUBPROVIDER - IRF		2,463,005		2,463,005	6,337	2,469,342	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM		16,050,964		16,050,964	40,854	16,091,818	50.00
51.00	RECOVERY ROOM		1,237,980		1,237,980	0	1,237,980	51.00
53.00	ANESTHESIOLOGY		594,945		594,945	15,074	610,019	53.00
54.00	RADIOLOGY-DIAGNOSTIC		13,256,957		13,256,957	19,446	13,276,403	54.00
57.00	CT SCAN		2,656,090		2,656,090	0	2,656,090	57.00
59.00	CARDIAC CATHETERIZATION		4,023,865		4,023,865	0	4,023,865	59.00
60.00	LABORATORY		16,538,540		16,538,540	0	16,538,540	60.00
60.01	G.I. LAB		2,044,978		2,044,978	2,985	2,047,963	60.01
60.02	VASCULAR LAB		616,340		616,340	0	616,340	60.02
60.03	LABORATORY-PATHOLOGY		921,546		921,546	0	921,546	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.		4,256,628		4,256,628	0	4,256,628	63.00
65.00	RESPIRATORY THERAPY		6,573,983	0	6,573,983	0	6,573,983	65.00
66.00	PHYSICAL THERAPY		3,071,155	0	3,071,155	0	3,071,155	66.00
67.00	OCCUPATIONAL THERAPY		1,442,434	0	1,442,434	0	1,442,434	67.00
68.00	SPEECH PATHOLOGY		538,423	0	538,423	0	538,423	68.00
69.00	ELECTROCARDIOLOGY		1,514,732		1,514,732	7,007	1,521,739	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,028,146		1,028,146	0	1,028,146	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,505,743		10,505,743	0	10,505,743	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		15,054,138		15,054,138	0	15,054,138	72.00
73.00	DRUGS CHARGED TO PATIENTS		20,199,711		20,199,711	0	20,199,711	73.00
74.00	RENAL DIALYSIS		2,453,732		2,453,732	0	2,453,732	74.00
76.00	SHOCK THERAPY		170,854		170,854	0	170,854	76.00
76.01	PAIN MANAGEMENT & OP CHEMO		1,237,609		1,237,609	0	1,237,609	76.01
76.02	DIABETES CARE CENTER		933,233		933,233	0	933,233	76.02
76.03	OP PSYCH		901,850		901,850	2,141	903,991	76.03
76.04	CARDIAC REHAB		420,992		420,992	0	420,992	76.04
76.98	HYPERBARIC OXYGEN THERAPY		314,762		314,762	0	314,762	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY		17,757,406		17,757,406	0	17,757,406	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		812,396		812,396	0	812,396	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES		8,646,622		8,646,622	0	8,646,622	95.00
200.00	Subtotal (see instructions)		224,381,909	0	224,381,909	95,940	224,477,849	200.00
201.00	Less Observation Beds		812,396		812,396	0	812,396	201.00
202.00	Total (see instructions)		223,569,513	0	223,569,513	95,940	223,665,453	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	80,164,560		80,164,560			30.00
31.00	INTENSIVE CARE UNIT	18,008,078		18,008,078			31.00
32.00	CORONARY CARE UNIT	12,101,459		12,101,459			32.00
40.00	SUBPROVIDER - IPF	3,608,224		3,608,224			40.00
41.00	SUBPROVIDER - IRF	3,619,284		3,619,284			41.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,366,690	17,990,634	46,357,324	0.346244	0.000000	50.00
51.00	RECOVERY ROOM	2,505,975	3,438,723	5,944,698	0.208249	0.000000	51.00
53.00	ANESTHESIOLOGY	4,617,858	3,461,542	8,079,400	0.073637	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	31,807,035	51,070,206	82,877,241	0.159959	0.000000	54.00
57.00	CT SCAN	14,146,319	33,253,962	47,400,281	0.056035	0.000000	57.00
59.00	CARDIAC CATHETERIZATION	15,273,448	12,079,659	27,353,107	0.147108	0.000000	59.00
60.00	LABORATORY	61,729,170	69,287,127	131,016,297	0.126233	0.000000	60.00
60.01	G.I. LAB	3,550,639	4,173,265	7,723,904	0.264760	0.000000	60.01
60.02	VASCULAR LAB	4,129,140	2,393,661	6,522,801	0.094490	0.000000	60.02
60.03	LABORATORY-PATHOLOGY	2,001,343	2,643,201	4,644,544	0.198415	0.000000	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	11,113,899	1,458,690	12,572,589	0.338564	0.000000	63.00
65.00	RESPIRATORY THERAPY	25,675,268	3,604,635	29,279,903	0.224522	0.000000	65.00
66.00	PHYSICAL THERAPY	5,462,794	3,504,326	8,967,120	0.342491	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	4,172,425	196,385	4,368,810	0.330166	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,331,396	57,222	1,388,618	0.387740	0.000000	68.00
69.00	ELECTROCARDIOLOGY	17,137,311	8,008,109	25,145,420	0.060239	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,118,542	4,571,100	5,689,642	0.180705	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,935,107	14,493,333	34,428,440	0.305147	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,401,580	13,022,403	37,423,983	0.402259	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	52,188,656	15,543,029	67,731,685	0.298231	0.000000	73.00
74.00	RENAL DIALYSIS	6,594,896	280,252	6,875,148	0.356899	0.000000	74.00
76.00	SHOCK THERAPY	83,118	75,799	158,917	1.075115	0.000000	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	28,595	2,161,671	2,190,266	0.565050	0.000000	76.01
76.02	DIABETES CARE CENTER	0	156,958	156,958	5.945750	0.000000	76.02
76.03	OP PSYCH	12,242	2,794,128	2,806,370	0.321358	0.000000	76.03
76.04	CARDIAC REHAB	334	434,868	435,202	0.967348	0.000000	76.04
76.98	HYPERBARIC OXYGEN THERAPY	25,520	1,709,890	1,735,410	0.181376	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	18,698,104	65,861,425	84,559,529	0.209999	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	154,411	833,598	988,009	0.822256	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	111,394	18,543,508	18,654,902	0.463504	0.000000	95.00
200.00	Subtotal (see instructions)	473,874,814	357,103,309	830,978,123			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	473,874,814	357,103,309	830,978,123			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.347126			50.00
51.00	RECOVERY ROOM	0.208249			51.00
53.00	ANESTHESIOLOGY	0.075503			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194			54.00
57.00	CT SCAN	0.056035			57.00
59.00	CARDIAC CATHETERIZATION	0.147108			59.00
60.00	LABORATORY	0.126233			60.00
60.01	G.I. LAB	0.265146			60.01
60.02	VASCULAR LAB	0.094490			60.02
60.03	LABORATORY-PATHOLOGY	0.198415			60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564			63.00
65.00	RESPIRATORY THERAPY	0.224522			65.00
66.00	PHYSICAL THERAPY	0.342491			66.00
67.00	OCCUPATIONAL THERAPY	0.330166			67.00
68.00	SPEECH PATHOLOGY	0.387740			68.00
69.00	ELECTROCARDIOLOGY	0.060518			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231			73.00
74.00	RENAL DIALYSIS	0.356899			74.00
76.00	SHOCK THERAPY	1.075115			76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050			76.01
76.02	DIABETES CARE CENTER	5.945750			76.02
76.03	OP PSYCH	0.322121			76.03
76.04	CARDIAC REHAB	0.967348			76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376			76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.209999			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.463504			95.00
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: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital Costs			Total Costs	PPS
			Total Costs	RCE Disallowance	Total Costs		
			1.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	45,464,934		45,464,934	2,096	45,467,030	30.00	
31.00 INTENSIVE CARE UNIT	10,957,909		10,957,909	0	10,957,909	31.00	
32.00 CORONARY CARE UNIT	6,479,723		6,479,723	0	6,479,723	32.00	
40.00 SUBPROVIDER - IPF	3,239,584		3,239,584	0	3,239,584	40.00	
41.00 SUBPROVIDER - IRF	2,463,005		2,463,005	6,337	2,469,342	41.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	16,050,964		16,050,964	40,854	16,091,818	50.00	
51.00 RECOVERY ROOM	1,237,980		1,237,980	0	1,237,980	51.00	
53.00 ANESTHESIOLOGY	594,945		594,945	15,074	610,019	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	13,256,957		13,256,957	19,446	13,276,403	54.00	
57.00 CT SCAN	2,656,090		2,656,090	0	2,656,090	57.00	
59.00 CARDIAC CATHETERIZATION	4,023,865		4,023,865	0	4,023,865	59.00	
60.00 LABORATORY	16,538,540		16,538,540	0	16,538,540	60.00	
60.01 G.I. LAB	2,044,978		2,044,978	2,985	2,047,963	60.01	
60.02 VASCULAR LAB	616,340		616,340	0	616,340	60.02	
60.03 LABORATORY-PATHOLOGY	921,546		921,546	0	921,546	60.03	
63.00 BLOOD STORING, PROCESSING & TRANS.	4,256,628		4,256,628	0	4,256,628	63.00	
65.00 RESPIRATORY THERAPY	6,573,983	0	6,573,983	0	6,573,983	65.00	
66.00 PHYSICAL THERAPY	3,071,155	0	3,071,155	0	3,071,155	66.00	
67.00 OCCUPATIONAL THERAPY	1,442,434	0	1,442,434	0	1,442,434	67.00	
68.00 SPEECH PATHOLOGY	538,423	0	538,423	0	538,423	68.00	
69.00 ELECTROCARDIOLOGY	1,514,732		1,514,732	7,007	1,521,739	69.00	
70.00 ELECTROENCEPHALOGRAPHY	1,028,146		1,028,146	0	1,028,146	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,505,743		10,505,743	0	10,505,743	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	15,054,138		15,054,138	0	15,054,138	72.00	
73.00 DRUGS CHARGED TO PATIENTS	20,199,711		20,199,711	0	20,199,711	73.00	
74.00 RENAL DIALYSIS	2,453,732		2,453,732	0	2,453,732	74.00	
76.00 SHOCK THERAPY	170,854		170,854	0	170,854	76.00	
76.01 PAIN MANAGEMENT & OP CHEMO	1,237,609		1,237,609	0	1,237,609	76.01	
76.02 DIABETES CARE CENTER	933,233		933,233	0	933,233	76.02	
76.03 OP PSYCH	901,850		901,850	2,141	903,991	76.03	
76.04 CARDIAC REHAB	420,992		420,992	0	420,992	76.04	
76.98 HYPERBARIC OXYGEN THERAPY	314,762		314,762	0	314,762	76.98	
OUTPATIENT SERVICE COST CENTERS							
91.00 EMERGENCY	17,757,406		17,757,406	0	17,757,406	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	812,396		812,396	0	812,396	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	8,646,622		8,646,622	0	8,646,622	95.00	
200.00 Subtotal (see instructions)	224,381,909	0	224,381,909	95,940	224,477,849	200.00	
201.00 Less Observation Beds	812,396		812,396		812,396	201.00	
202.00 Total (see instructions)	223,569,513	0	223,569,513	95,940	223,665,453	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	80,164,560		80,164,560			30.00
31.00 INTENSIVE CARE UNIT	18,008,078		18,008,078			31.00
32.00 CORONARY CARE UNIT	12,101,459		12,101,459			32.00
40.00 SUBPROVIDER - IPF	3,608,224		3,608,224			40.00
41.00 SUBPROVIDER - IRF	3,619,284		3,619,284			41.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	28,366,690	17,990,634	46,357,324	0.346244	0.000000	50.00
51.00 RECOVERY ROOM	2,505,975	3,438,723	5,944,698	0.208249	0.000000	51.00
53.00 ANESTHESIOLOGY	4,617,858	3,461,542	8,079,400	0.073637	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	31,807,035	51,070,206	82,877,241	0.159959	0.000000	54.00
57.00 CT SCAN	14,146,319	33,253,962	47,400,281	0.056035	0.000000	57.00
59.00 CARDIAC CATHETERIZATION	15,273,448	12,079,659	27,353,107	0.147108	0.000000	59.00
60.00 LABORATORY	61,729,170	69,287,127	131,016,297	0.126233	0.000000	60.00
60.01 G.I. LAB	3,550,639	4,173,265	7,723,904	0.264760	0.000000	60.01
60.02 VASCULAR LAB	4,129,140	2,393,661	6,522,801	0.094490	0.000000	60.02
60.03 LABORATORY-PATHOLOGY	2,001,343	2,643,201	4,644,544	0.198415	0.000000	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	11,113,899	1,458,690	12,572,589	0.338564	0.000000	63.00
65.00 RESPIRATORY THERAPY	25,675,268	3,604,635	29,279,903	0.224522	0.000000	65.00
66.00 PHYSICAL THERAPY	5,462,794	3,504,326	8,967,120	0.342491	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	4,172,425	196,385	4,368,810	0.330166	0.000000	67.00
68.00 SPEECH PATHOLOGY	1,331,396	57,222	1,388,618	0.387740	0.000000	68.00
69.00 ELECTROCARDIOLOGY	17,137,311	8,008,109	25,145,420	0.060239	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,118,542	4,571,100	5,689,642	0.180705	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,935,107	14,493,333	34,428,440	0.305147	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	24,401,580	13,022,403	37,423,983	0.402259	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	52,188,656	15,543,029	67,731,685	0.298231	0.000000	73.00
74.00 RENAL DIALYSIS	6,594,896	280,252	6,875,148	0.356899	0.000000	74.00
76.00 SHOCK THERAPY	83,118	75,799	158,917	1.075115	0.000000	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	28,595	2,161,671	2,190,266	0.565050	0.000000	76.01
76.02 DIABETES CARE CENTER	0	156,958	156,958	5.945750	0.000000	76.02
76.03 OP PSYCH	12,242	2,794,128	2,806,370	0.321358	0.000000	76.03
76.04 CARDIAC REHAB	334	434,868	435,202	0.967348	0.000000	76.04
76.98 HYPERBARIC OXYGEN THERAPY	25,520	1,709,890	1,735,410	0.181376	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	18,698,104	65,861,425	84,559,529	0.209999	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	154,411	833,598	988,009	0.822256	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	111,394	18,543,508	18,654,902	0.463504	0.000000	95.00
200.00 Subtotal (see instructions)	473,874,814	357,103,309	830,978,123			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	473,874,814	357,103,309	830,978,123			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 260180

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.347126			50.00
51.00	RECOVERY ROOM	0.208249			51.00
53.00	ANESTHESIOLOGY	0.075503			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194			54.00
57.00	CT SCAN	0.056035			57.00
59.00	CARDIAC CATHETERIZATION	0.147108			59.00
60.00	LABORATORY	0.126233			60.00
60.01	G.I. LAB	0.265146			60.01
60.02	VASCULAR LAB	0.094490			60.02
60.03	LABORATORY-PATHOLOGY	0.198415			60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564			63.00
65.00	RESPIRATORY THERAPY	0.224522			65.00
66.00	PHYSICAL THERAPY	0.342491			66.00
67.00	OCCUPATIONAL THERAPY	0.330166			67.00
68.00	SPEECH PATHOLOGY	0.387740			68.00
69.00	ELECTROCARDIOLOGY	0.060518			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231			73.00
74.00	RENAL DIALYSIS	0.356899			74.00
76.00	SHOCK THERAPY	1.075115			76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050			76.01
76.02	DIABETES CARE CENTER	5.945750			76.02
76.03	OP PSYCH	0.322121			76.03
76.04	CARDIAC REHAB	0.967348			76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376			76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.209999			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.463504			95.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 260180

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

Worksheet C Part II Date/Time Prepared: 5/28/2012 11:20 am

Cost Center Description	Title XIX			Hospital	PPS
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	16,132,065	2,119,170	14,012,895	0	0 50.00
51.00 RECOVERY ROOM	1,237,980	151,996	1,085,984	0	0 51.00
53.00 ANESTHESIOLOGY	594,945	149,957	444,988	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	13,256,957	1,327,964	11,928,993	0	0 54.00
57.00 CT SCAN	2,656,090	401,679	2,254,411	0	0 57.00
59.00 CARDIAC CATHETERIZATION	4,023,865	877,405	3,146,460	0	0 59.00
60.00 LABORATORY	16,538,540	953,674	15,584,866	0	0 60.00
60.01 G.I. LAB	2,044,978	223,246	1,821,732	0	0 60.01
60.02 VASCULAR LAB	616,340	52,293	564,047	0	0 60.02
60.03 LABORATORY-PATHOLOGY	921,546	99,529	822,017	0	0 60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	4,256,628	123,065	4,133,563	0	0 63.00
65.00 RESPIRATORY THERAPY	6,573,983	416,499	6,157,484	0	0 65.00
66.00 PHYSICAL THERAPY	3,071,155	251,062	2,820,093	0	0 66.00
67.00 OCCUPATIONAL THERAPY	1,442,434	86,339	1,356,095	0	0 67.00
68.00 SPEECH PATHOLOGY	538,423	54,621	483,802	0	0 68.00
69.00 ELECTROCARDIOLOGY	1,514,732	146,251	1,368,481	0	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	1,028,146	108,029	920,117	0	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,505,743	995,106	9,510,637	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	15,054,138	1,554,543	13,499,595	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	20,199,711	1,081,780	19,117,931	0	0 73.00
74.00 RENAL DIALYSIS	2,453,732	123,360	2,330,372	0	0 74.00
76.00 SHOCK THERAPY	170,854	4,931	165,923	0	0 76.00
76.01 PAIN MANAGEMENT & OP CHEMO	1,237,609	65,798	1,171,811	0	0 76.01
76.02 DIABETES CARE CENTER	933,233	41,433	891,800	0	0 76.02
76.03 OP PSYCH	901,850	44,768	857,082	0	0 76.03
76.04 CARDIAC REHAB	420,992	80,140	340,852	0	0 76.04
76.98 HYPERBARIC OXYGEN THERAPY	314,762	9,113	305,649	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	17,757,406	1,390,093	16,367,313	0	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	812,396	70,821	741,575	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	8,646,622	753,198	7,893,424	0	0 95.00
200.00 Subtotal (sum of lines 50 thru 199)	155,857,855	13,757,863	142,099,992	0	0 200.00
201.00 Less Observation Beds	812,396	70,821	741,575	0	0 201.00
202.00 Total (line 200 minus line 201)	155,045,459	13,687,042	141,358,417	0	0 202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	16,132,065	46,357,324	0.347994		50.00
51.00	RECOVERY ROOM	1,237,980	5,944,698	0.208249		51.00
53.00	ANESTHESIOLOGY	594,945	8,079,400	0.073637		53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,256,957	82,877,241	0.159959		54.00
57.00	CT SCAN	2,656,090	47,400,281	0.056035		57.00
59.00	CARDIAC CATHETERIZATION	4,023,865	27,353,107	0.147108		59.00
60.00	LABORATORY	16,538,540	131,016,297	0.126233		60.00
60.01	G.I. LAB	2,044,978	7,723,904	0.264760		60.01
60.02	VASCULAR LAB	616,340	6,522,801	0.094490		60.02
60.03	LABORATORY-PATHOLOGY	921,546	4,644,544	0.198415		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	4,256,628	12,572,589	0.338564		63.00
65.00	RESPIRATORY THERAPY	6,573,983	29,279,903	0.224522		65.00
66.00	PHYSICAL THERAPY	3,071,155	8,967,120	0.342491		66.00
67.00	OCCUPATIONAL THERAPY	1,442,434	4,368,810	0.330166		67.00
68.00	SPEECH PATHOLOGY	538,423	1,388,618	0.387740		68.00
69.00	ELECTROCARDIOLOGY	1,514,732	25,145,420	0.060239		69.00
70.00	ELECTROENCEPHALOGRAPHY	1,028,146	5,689,642	0.180705		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,505,743	34,428,440	0.305147		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,054,138	37,423,983	0.402259		72.00
73.00	DRUGS CHARGED TO PATIENTS	20,199,711	67,731,685	0.298231		73.00
74.00	RENAL DIALYSIS	2,453,732	6,875,148	0.356899		74.00
76.00	SHOCK THERAPY	170,854	158,917	1.075115		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	1,237,609	2,190,266	0.565050		76.01
76.02	DIABETES CARE CENTER	933,233	156,958	5.945750		76.02
76.03	OP PSYCH	901,850	2,806,370	0.321358		76.03
76.04	CARDIAC REHAB	420,992	435,202	0.967348		76.04
76.98	HYPERBARIC OXYGEN THERAPY	314,762	1,735,410	0.181376		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	17,757,406	84,559,529	0.209999		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	812,396	988,009	0.822256		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	8,646,622	18,654,902	0.463504		95.00
200.00	Subtotal (sum of lines 50 thru 199)	155,857,855	0			200.00
201.00	Less Observation Beds	812,396	0			201.00
202.00	Total (line 200 minus line 201)	155,045,459	713,476,518			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/28/2012 11:20 am	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,963,595	0	3,963,595	65,649	60.38	30.00
31.00	INTENSIVE CARE UNIT	691,120		691,120	7,427	93.06	31.00
32.00	CORONARY CARE UNIT	467,674		467,674	5,417	86.33	32.00
40.00	SUBPROVIDER - IPF	270,246	0	270,246	3,911	69.10	40.00
41.00	SUBPROVIDER - IRF	222,511	0	222,511	4,192	53.08	41.00
200.00	Total (lines 30-199)	5,615,146		5,615,146	86,596		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/28/2012 11:20 am
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	31,337	1,892,128	30.00
31.00	INTENSIVE CARE UNIT	2,733	254,333	31.00
32.00	CORONARY CARE UNIT	4,347	375,277	32.00
40.00	SUBPROVIDER - IPF	1,708	118,023	40.00
41.00	SUBPROVIDER - IRF	2,837	150,588	41.00
200.00	Total (lines 30-199)	42,962	2,790,349	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 11:20 am
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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)	Hospital 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	2,119,170	46,357,324	0.045714	13,575,027	620,569	50.00
51.00	RECOVERY ROOM	151,996	5,944,698	0.025568	979,614	25,047	51.00
53.00	ANESTHESIOLOGY	149,957	8,079,400	0.018560	1,764,816	32,755	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,327,964	82,877,241	0.016023	13,944,303	223,430	54.00
57.00	CT SCAN	401,679	47,400,281	0.008474	8,835,333	74,871	57.00
59.00	CARDIAC CATHETERIZATION	877,405	27,353,107	0.032077	4,049,032	129,881	59.00
60.00	LABORATORY	953,674	131,016,297	0.007279	32,151,940	234,034	60.00
60.01	G.I. LAB	223,246	7,723,904	0.028903	1,228,435	35,505	60.01
60.02	VASCULAR LAB	52,293	6,522,801	0.008017	2,418,517	19,389	60.02
60.03	LABORATORY-PATHOLOGY	99,529	4,644,544	0.021429	899,864	19,283	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	123,065	12,572,589	0.009788	4,609,748	45,120	63.00
65.00	RESPIRATORY THERAPY	416,499	29,279,903	0.014225	13,807,123	196,406	65.00
66.00	PHYSICAL THERAPY	251,062	8,967,120	0.027998	2,009,119	56,251	66.00
67.00	OCCUPATIONAL THERAPY	86,339	4,368,810	0.019763	1,428,516	28,232	67.00
68.00	SPEECH PATHOLOGY	54,621	1,388,618	0.039335	466,233	18,339	68.00
69.00	ELECTROCARDIOLOGY	146,251	25,145,420	0.005816	9,747,923	56,694	69.00
70.00	ELECTROENCEPHALOGRAPHY	108,029	5,689,642	0.018987	579,171	10,997	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	995,106	34,428,440	0.028904	14,653,940	423,557	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,554,543	37,423,983	0.041539	10,739,176	446,095	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,081,780	67,731,685	0.015972	28,857,200	460,907	73.00
74.00	RENAL DIALYSIS	123,360	6,875,148	0.017943	4,615,134	82,809	74.00
76.00	SHOCK THERAPY	4,931	158,917	0.031029	25,516	792	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	65,798	2,190,266	0.030041	24,110	724	76.01
76.02	DIABETES CARE CENTER	41,433	156,958	0.263975	0	0	76.02
76.03	OP PSYCH	44,768	2,806,370	0.015952	0	0	76.03
76.04	CARDIAC REHAB	80,140	435,202	0.184144	334	62	76.04
76.98	HYPERBARIC OXYGEN THERAPY	9,113	1,735,410	0.005251	10,332	54	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	1,390,093	84,559,529	0.016439	5,992,115	98,504	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	70,821	988,009	0.071681	82,523	5,915	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,004,665	694,821,616		177,495,094	3,346,222	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)				
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	0	31,125	0	0	0	31,125	30.00	
31.00 INTENSIVE CARE UNIT	0	3,543	0	0	0	3,543	31.00	
32.00 CORONARY CARE UNIT	0	2,584	0	0	0	2,584	32.00	
40.00 SUBPROVIDER - IPF	0	1,866	0	0	0	1,866	40.00	
41.00 SUBPROVIDER - IRF	0	2,000	0	0	0	2,000	41.00	
200.00 Total (lines 30-199)	0	41,118	0	0	0	41,118	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 11:20 am
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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	65,649	0.47	31,337	14,728	0	30.00
31.00 INTENSIVE CARE UNIT	7,427	0.48	2,733	1,312	0	31.00
32.00 CORONARY CARE UNIT	5,417	0.48	4,347	2,087	0	32.00
40.00 SUBPROVIDER - IPF	3,911	0.48	1,708	820	0	40.00
41.00 SUBPROVIDER - IRF	4,192	0.48	2,837	1,362	0	41.00
200.00 Total (lines 30-199)	86,596		42,962	20,309	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 11:20 am
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
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
200.00 Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Title XVIII				Hospital	PPS
	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
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 G.I. LAB	0	0	0	0	0	60.01
60.02 VASCULAR LAB	0	0	0	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 OP PSYCH	0	0	0	0	0	76.03
76.04 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	556	0	556	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	556	0	556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XVIII Hospital					
	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	46,357,324	0.000000	0.000000	13,575,027	50.00
51.00 RECOVERY ROOM	0	5,944,698	0.000000	0.000000	979,614	51.00
53.00 ANESTHESIOLOGY	0	8,079,400	0.000000	0.000000	1,764,816	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	82,877,241	0.000000	0.000000	13,944,303	54.00
57.00 CT SCAN	0	47,400,281	0.000000	0.000000	8,835,333	57.00
59.00 CARDIAC CATHETERIZATION	0	27,353,107	0.000000	0.000000	4,049,032	59.00
60.00 LABORATORY	0	131,016,297	0.000000	0.000000	32,151,940	60.00
60.01 G.I. LAB	0	7,723,904	0.000000	0.000000	1,228,435	60.01
60.02 VASCULAR LAB	0	6,522,801	0.000000	0.000000	2,418,517	60.02
60.03 LABORATORY-PATHOLOGY	0	4,644,544	0.000000	0.000000	899,864	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	12,572,589	0.000000	0.000000	4,609,748	63.00
65.00 RESPIRATORY THERAPY	0	29,279,903	0.000000	0.000000	13,807,123	65.00
66.00 PHYSICAL THERAPY	0	8,967,120	0.000000	0.000000	2,009,119	66.00
67.00 OCCUPATIONAL THERAPY	0	4,368,810	0.000000	0.000000	1,428,516	67.00
68.00 SPEECH PATHOLOGY	0	1,388,618	0.000000	0.000000	466,233	68.00
69.00 ELECTROCARDIOLOGY	0	25,145,420	0.000000	0.000000	9,747,923	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,689,642	0.000000	0.000000	579,171	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,428,440	0.000000	0.000000	14,653,940	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	37,423,983	0.000000	0.000000	10,739,176	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	67,731,685	0.000000	0.000000	28,857,200	73.00
74.00 RENAL DIALYSIS	0	6,875,148	0.000000	0.000000	4,615,134	74.00
76.00 SHOCK THERAPY	0	158,917	0.000000	0.000000	25,516	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	2,190,266	0.000000	0.000000	24,110	76.01
76.02 DIABETES CARE CENTER	0	156,958	0.000000	0.000000	0	76.02
76.03 OP PSYCH	0	2,806,370	0.000000	0.000000	0	76.03
76.04 CARDIAC REHAB	0	435,202	0.000000	0.000000	334	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	1,735,410	0.000000	0.000000	10,332	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	84,559,529	0.000000	0.000000	5,992,115	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	556	988,009	0.000563	0.000563	82,523	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	556	694,821,616			177,495,094	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XVIII			Hospital		
	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	7,976,236	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,257,680	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	1,083,676	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,402,046	0	0	0	54.00
57.00 CT SCAN	0	7,225,209	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	2,606,241	0	0	0	59.00
60.00 LABORATORY	0	202,843	0	0	0	60.00
60.01 G.I. LAB	0	986,270	0	0	0	60.01
60.02 VASCULAR LAB	0	919,809	0	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	981,980	0	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	490,883	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	1,387,410	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	488	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	2,211	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	3,002,882	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,252,805	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,191,259	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,793,224	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	8,247,152	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	21,076	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	755,622	0	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 OP PSYCH	0	1,487,163	0	0	0	76.03
76.04 CARDIAC REHAB	0	216,534	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	971,890	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	6,479,634	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	46	100,460	57	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	46	71,042,683	57	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health 23.00	PSA Adj. All Other Medical Education Cost 24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	CT SCAN	0	0		57.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	G.I. LAB	0	0		60.01
60.02	VASCULAR LAB	0	0		60.02
60.03	LABORATORY-PATHOLOGY	0	0		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	SHOCK THERAPY	0	0		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0		76.01
76.02	DIABETES CARE CENTER	0	0		76.02
76.03	OP PSYCH	0	0		76.03
76.04	CARDIAC REHAB	0	0		76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.346244	7,976,236	0	0		50.00
51.00	RECOVERY ROOM	0.208249	1,257,680	0	0		51.00
53.00	ANESTHESIOLOGY	0.073637	1,083,676	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159959	12,402,046	0	0		54.00
57.00	CT SCAN	0.056035	7,225,209	0	0		57.00
59.00	CARDIAC CATHETERIZATION	0.147108	2,606,241	0	0		59.00
60.00	LABORATORY	0.126233	202,843	0	0		60.00
60.01	G.I. LAB	0.264760	986,270	0	0		60.01
60.02	VASCULAR LAB	0.094490	919,809	0	0		60.02
60.03	LABORATORY-PATHOLOGY	0.198415	981,980	0	0		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	490,883	0	0		63.00
65.00	RESPIRATORY THERAPY	0.224522	1,387,410	0	0		65.00
66.00	PHYSICAL THERAPY	0.342491	488	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.330166	2,211	0	0		67.00
68.00	SPEECH PATHOLOGY	0.387740	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.060239	3,002,882	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	1,252,805	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	4,191,259	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	6,793,224	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	8,247,152	0	12,405		73.00
74.00	RENAL DIALYSIS	0.356899	0	0	0		74.00
76.00	SHOCK THERAPY	1.075115	21,076	0	0		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	755,622	0	0		76.01
76.02	DIABETES CARE CENTER	5.945750	0	0	0		76.02
76.03	OP PSYCH	0.321358	1,487,163	0	0		76.03
76.04	CARDIAC REHAB	0.967348	216,534	0	0		76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	971,890	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0.209999	6,479,634	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	100,460	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0.463504		0			95.00
200.00	Subtotal (see instructions)		71,042,683	0	12,405		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		71,042,683	0	12,405		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,761,724	0	0		50.00
51.00 RECOVERY ROOM	261,911	0	0		51.00
53.00 ANESTHESIOLOGY	79,799	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,983,819	0	0		54.00
57.00 CT SCAN	404,865	0	0		57.00
59.00 CARDIAC CATHETERIZATION	383,399	0	0		59.00
60.00 LABORATORY	25,605	0	0		60.00
60.01 G.I. LAB	261,125	0	0		60.01
60.02 VASCULAR LAB	86,913	0	0		60.02
60.03 LABORATORY-PATHOLOGY	194,840	0	0		60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	166,195	0	0		63.00
65.00 RESPIRATORY THERAPY	311,504	0	0		65.00
66.00 PHYSICAL THERAPY	167	0	0		66.00
67.00 OCCUPATIONAL THERAPY	730	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	180,891	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	226,388	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,278,950	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,732,635	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,459,556	0	3,700		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 SHOCK THERAPY	22,659	0	0		76.00
76.01 PAIN MANAGEMENT & OP CHEMO	426,964	0	0		76.01
76.02 DIABETES CARE CENTER	0	0	0		76.02
76.03 OP PSYCH	477,912	0	0		76.03
76.04 CARDIAC REHAB	209,464	0	0		76.04
76.98 HYPERBARIC OXYGEN THERAPY	176,278	0	0		76.98
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	1,360,717	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	82,604	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	16,557,614	0	3,700		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	16,557,614	0	3,700		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260180

Period: From 01/01/2011

To 12/31/2011

Worksheet D

Component CCN: 265180

Part II

Date/Time Prepared: 5/28/2012 11:20 am

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	2,119,170	46,357,324	0.045714	6,008	275	50.00
51.00	RECOVERY ROOM	151,996	5,944,698	0.025568	2,304	59	51.00
53.00	ANESTHESIOLOGY	149,957	8,079,400	0.018560	1,204	22	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,327,964	82,877,241	0.016023	49,131	787	54.00
57.00	CT SCAN	401,679	47,400,281	0.008474	84,749	718	57.00
59.00	CARDIAC CATHETERIZATION	877,405	27,353,107	0.032077	0	0	59.00
60.00	LABORATORY	953,674	131,016,297	0.007279	272,811	1,986	60.00
60.01	G.I. LAB	223,246	7,723,904	0.028903	5,440	157	60.01
60.02	VASCULAR LAB	52,293	6,522,801	0.008017	9,177	74	60.02
60.03	LABORATORY-PATHOLOGY	99,529	4,644,544	0.021429	5,480	117	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	123,065	12,572,589	0.009788	26,218	257	63.00
65.00	RESPIRATORY THERAPY	416,499	29,279,903	0.014225	34,260	487	65.00
66.00	PHYSICAL THERAPY	251,062	8,967,120	0.027998	21,945	614	66.00
67.00	OCCUPATIONAL THERAPY	86,339	4,368,810	0.019763	3,195	63	67.00
68.00	SPEECH PATHOLOGY	54,621	1,388,618	0.039335	0	0	68.00
69.00	ELECTROCARDIOLOGY	146,251	25,145,420	0.005816	37,845	220	69.00
70.00	ELECTROENCEPHALOGRAPHY	108,029	5,689,642	0.018987	10,373	197	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	995,106	34,428,440	0.028904	18,846	545	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,554,543	37,423,983	0.041539	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,081,780	67,731,685	0.015972	238,132	3,803	73.00
74.00	RENAL DIALYSIS	123,360	6,875,148	0.017943	27,216	488	74.00
76.00	SHOCK THERAPY	4,931	158,917	0.031029	23,422	727	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	65,798	2,190,266	0.030041	0	0	76.01
76.02	DIABETES CARE CENTER	41,433	156,958	0.263975	0	0	76.02
76.03	OP PSYCH	44,768	2,806,370	0.015952	5,477	87	76.03
76.04	CARDIAC REHAB	80,140	435,202	0.184144	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	9,113	1,735,410	0.005251	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	1,390,093	84,559,529	0.016439	145,167	2,386	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	70,821	988,009	0.071681	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,004,665	694,821,616		1,028,400	14,069	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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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
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 G.I. LAB	0	0	0	0	0	60.01
60.02 VASCULAR LAB	0	0	0	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 OP PSYCH	0	0	0	0	0	76.03
76.04 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	556	0	556	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	556	0	556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 260180
 Component CCN: 265180
 Period: From 01/01/2011 To 12/31/2011
 Worksheet D Part IV
 Date/Time Prepared: 5/28/2012 11:20 am

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	46,357,324	0.000000	0.000000	6,008	50.00
51.00	RECOVERY ROOM	0	5,944,698	0.000000	0.000000	2,304	51.00
53.00	ANESTHESIOLOGY	0	8,079,400	0.000000	0.000000	1,204	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	82,877,241	0.000000	0.000000	49,131	54.00
57.00	CT SCAN	0	47,400,281	0.000000	0.000000	84,749	57.00
59.00	CARDIAC CATHETERIZATION	0	27,353,107	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	131,016,297	0.000000	0.000000	272,811	60.00
60.01	G.I. LAB	0	7,723,904	0.000000	0.000000	5,440	60.01
60.02	VASCULAR LAB	0	6,522,801	0.000000	0.000000	9,177	60.02
60.03	LABORATORY-PATHOLOGY	0	4,644,544	0.000000	0.000000	5,480	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	12,572,589	0.000000	0.000000	26,218	63.00
65.00	RESPIRATORY THERAPY	0	29,279,903	0.000000	0.000000	34,260	65.00
66.00	PHYSICAL THERAPY	0	8,967,120	0.000000	0.000000	21,945	66.00
67.00	OCCUPATIONAL THERAPY	0	4,368,810	0.000000	0.000000	3,195	67.00
68.00	SPEECH PATHOLOGY	0	1,388,618	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	25,145,420	0.000000	0.000000	37,845	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,689,642	0.000000	0.000000	10,373	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,428,440	0.000000	0.000000	18,846	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	37,423,983	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	67,731,685	0.000000	0.000000	238,132	73.00
74.00	RENAL DIALYSIS	0	6,875,148	0.000000	0.000000	27,216	74.00
76.00	SHOCK THERAPY	0	158,917	0.000000	0.000000	23,422	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	2,190,266	0.000000	0.000000	0	76.01
76.02	DIABETES CARE CENTER	0	156,958	0.000000	0.000000	0	76.02
76.03	OP PSYCH	0	2,806,370	0.000000	0.000000	5,477	76.03
76.04	CARDIAC REHAB	0	435,202	0.000000	0.000000	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	1,735,410	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	84,559,529	0.000000	0.000000	145,167	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	556	988,009	0.000563	0.000563	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	556	694,821,616			1,028,400	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180 Component CCN: 265180		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am	
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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	G.I. LAB	0	0	0	0	0	60.01
60.02	VASCULAR LAB	0	0	0	0	0	60.02
60.03	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	0	76.03
76.04	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
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							
95.00	AMBULANCE SERVICES						95.00
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: 260180 Component CCN: 265180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 G.I. LAB	0	0	60.01
60.02 VASCULAR LAB	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 SHOCK THERAPY	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	76.02
76.03 OP PSYCH	0	0	76.03
76.04 CARDIAC REHAB	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 260180

Period: From 01/01/2011

Worksheet D

Component CCN: 26T180

To 12/31/2011

Part II

Date/Time Prepared: 5/28/2012 11:20 am

Title XVIII

Subprovider - IRF

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	2,119,170	46,357,324	0.045714	90,143	4,121	50.00
51.00	RECOVERY ROOM	151,996	5,944,698	0.025568	8,172	209	51.00
53.00	ANESTHESIOLOGY	149,957	8,079,400	0.018560	12,060	224	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,327,964	82,877,241	0.016023	176,927	2,835	54.00
57.00	CT SCAN	401,679	47,400,281	0.008474	81,106	687	57.00
59.00	CARDIAC CATHETERIZATION	877,405	27,353,107	0.032077	0	0	59.00
60.00	LABORATORY	953,674	131,016,297	0.007279	546,225	3,976	60.00
60.01	G.I. LAB	223,246	7,723,904	0.028903	14,258	412	60.01
60.02	VASCULAR LAB	52,293	6,522,801	0.008017	53,822	431	60.02
60.03	LABORATORY-PATHOLOGY	99,529	4,644,544	0.021429	3,981	85	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	123,065	12,572,589	0.009788	21,096	206	63.00
65.00	RESPIRATORY THERAPY	416,499	29,279,903	0.014225	214,461	3,051	65.00
66.00	PHYSICAL THERAPY	251,062	8,967,120	0.027998	1,362,504	38,147	66.00
67.00	OCCUPATIONAL THERAPY	86,339	4,368,810	0.019763	1,198,492	23,686	67.00
68.00	SPEECH PATHOLOGY	54,621	1,388,618	0.039335	329,248	12,951	68.00
69.00	ELECTROCARDIOLOGY	146,251	25,145,420	0.005816	30,248	176	69.00
70.00	ELECTROENCEPHALOGRAPHY	108,029	5,689,642	0.018987	5,998	114	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	995,106	34,428,440	0.028904	245,717	7,102	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,554,543	37,423,983	0.041539	26,762	1,112	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,081,780	67,731,685	0.015972	835,282	13,341	73.00
74.00	RENAL DIALYSIS	123,360	6,875,148	0.017943	271,089	4,864	74.00
76.00	SHOCK THERAPY	4,931	158,917	0.031029	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	65,798	2,190,266	0.030041	0	0	76.01
76.02	DIABETES CARE CENTER	41,433	156,958	0.263975	0	0	76.02
76.03	OP PSYCH	44,768	2,806,370	0.015952	0	0	76.03
76.04	CARDIAC REHAB	80,140	435,202	0.184144	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	9,113	1,735,410	0.005251	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	1,390,093	84,559,529	0.016439	2,136	35	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	70,821	988,009	0.071681	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,004,665	694,821,616		5,529,727	117,765	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180
Component CCN: 26T180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:20 am

		Title XVIII		Subprovider - IRF		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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	G.I. LAB	0	0	0	0	0	60.01
60.02	VASCULAR LAB	0	0	0	0	0	60.02
60.03	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	0	76.03
76.04	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	556	0	556	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	556	0	556	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 260180 Component CCN: 261180		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am	
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	46,357,324	0.000000	0.000000	90,143	50.00
51.00	RECOVERY ROOM	0	5,944,698	0.000000	0.000000	8,172	51.00
53.00	ANESTHESIOLOGY	0	8,079,400	0.000000	0.000000	12,060	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	82,877,241	0.000000	0.000000	176,927	54.00
57.00	CT SCAN	0	47,400,281	0.000000	0.000000	81,106	57.00
59.00	CARDIAC CATHETERIZATION	0	27,353,107	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	131,016,297	0.000000	0.000000	546,225	60.00
60.01	G.I. LAB	0	7,723,904	0.000000	0.000000	14,258	60.01
60.02	VASCULAR LAB	0	6,522,801	0.000000	0.000000	53,822	60.02
60.03	LABORATORY-PATHOLOGY	0	4,644,544	0.000000	0.000000	3,981	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	12,572,589	0.000000	0.000000	21,096	63.00
65.00	RESPIRATORY THERAPY	0	29,279,903	0.000000	0.000000	214,461	65.00
66.00	PHYSICAL THERAPY	0	8,967,120	0.000000	0.000000	1,362,504	66.00
67.00	OCCUPATIONAL THERAPY	0	4,368,810	0.000000	0.000000	1,198,492	67.00
68.00	SPEECH PATHOLOGY	0	1,388,618	0.000000	0.000000	329,248	68.00
69.00	ELECTROCARDIOLOGY	0	25,145,420	0.000000	0.000000	30,248	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,689,642	0.000000	0.000000	5,998	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,428,440	0.000000	0.000000	245,717	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	37,423,983	0.000000	0.000000	26,762	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	67,731,685	0.000000	0.000000	835,282	73.00
74.00	RENAL DIALYSIS	0	6,875,148	0.000000	0.000000	271,089	74.00
76.00	SHOCK THERAPY	0	158,917	0.000000	0.000000	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	2,190,266	0.000000	0.000000	0	76.01
76.02	DIABETES CARE CENTER	0	156,958	0.000000	0.000000	0	76.02
76.03	OP PSYCH	0	2,806,370	0.000000	0.000000	0	76.03
76.04	CARDIAC REHAB	0	435,202	0.000000	0.000000	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	1,735,410	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	84,559,529	0.000000	0.000000	2,136	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	556	988,009	0.000563	0.000563	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	556	694,821,616			5,529,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180 Component CCN: 261180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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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
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	G.I. LAB	0	0	0	0	0	60.01
60.02	VASCULAR LAB	0	0	0	0	0	60.02
60.03	LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	SHOCK THERAPY	0	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02	DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	0	76.03
76.04	CARDIAC REHAB	0	0	0	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
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							
95.00	AMBULANCE SERVICES						95.00
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: 260180 Component CCN: 261180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
Title XVIII		Subprovider - IRF	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
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 G.I. LAB	0	0	60.01
60.02 VASCULAR LAB	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 SHOCK THERAPY	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	76.02
76.03 OP PSYCH	0	0	76.03
76.04 CARDIAC REHAB	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260180

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Title XIX			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	3,963,595	0	3,963,595	65,649	60.38	30.00
31.00 INTENSIVE CARE UNIT	691,120		691,120	7,427	93.06	31.00
32.00 CORONARY CARE UNIT	467,674		467,674	5,417	86.33	32.00
40.00 SUBPROVIDER - IPF	270,246	0	270,246	3,911	69.10	40.00
41.00 SUBPROVIDER - IRF	222,511	0	222,511	4,192	53.08	41.00
200.00 Total (lines 30-199)	5,615,146		5,615,146	86,596		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 260180

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00			
30.00	ADULTS & PEDIATRICS	10,818	653,191			30.00
31.00	INTENSIVE CARE UNIT	620	57,697			31.00
32.00	CORONARY CARE UNIT	652	56,287			32.00
40.00	SUBPROVIDER - IPF	922	63,710			40.00
41.00	SUBPROVIDER - IRF	227	12,049			41.00
200.00	Total (lines 30-199)	13,239	842,934			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 260180		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/28/2012 11:20 am	
Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,119,170	46,357,324	0.045714	1,804,804	82,505	50.00
51.00	RECOVERY ROOM	151,996	5,944,698	0.025568	222,632	5,692	51.00
53.00	ANESTHESIOLOGY	149,957	8,079,400	0.018560	388,969	7,219	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,327,964	82,877,241	0.016023	4,127,257	66,131	54.00
57.00	CT SCAN	401,679	47,400,281	0.008474	2,352,724	19,937	57.00
59.00	CARDIAC CATHETERIZATION	877,405	27,353,107	0.032077	1,551,090	49,754	59.00
60.00	LABORATORY	953,674	131,016,297	0.007279	7,470,502	54,378	60.00
60.01	G.I. LAB	223,246	7,723,904	0.028903	429,059	12,401	60.01
60.02	VASCULAR LAB	52,293	6,522,801	0.008017	454,300	3,642	60.02
60.03	LABORATORY-PATHOLOGY	99,529	4,644,544	0.021429	216,893	4,648	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	123,065	12,572,589	0.009788	899,699	8,806	63.00
65.00	RESPIRATORY THERAPY	416,499	29,279,903	0.014225	3,008,667	42,798	65.00
66.00	PHYSICAL THERAPY	251,062	8,967,120	0.027998	358,230	10,030	66.00
67.00	OCCUPATIONAL THERAPY	86,339	4,368,810	0.019763	136,158	2,691	67.00
68.00	SPEECH PATHOLOGY	54,621	1,388,618	0.039335	244,531	9,619	68.00
69.00	ELECTROCARDIOLOGY	146,251	25,145,420	0.005816	1,913,153	11,127	69.00
70.00	ELECTROENCEPHALOGRAPHY	108,029	5,689,642	0.018987	123,634	2,347	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	995,106	34,428,440	0.028904	1,092,019	31,564	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,554,543	37,423,983	0.041539	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,081,780	67,731,685	0.015972	5,964,581	95,266	73.00
74.00	RENAL DIALYSIS	123,360	6,875,148	0.017943	615,082	11,036	74.00
76.00	SHOCK THERAPY	4,931	158,917	0.031029	16,252	504	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	65,798	2,190,266	0.030041	0	0	76.01
76.02	DIABETES CARE CENTER	41,433	156,958	0.263975	0	0	76.02
76.03	OP PSYCH	44,768	2,806,370	0.015952	0	0	76.03
76.04	CARDIAC REHAB	80,140	435,202	0.184144	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	9,113	1,735,410	0.005251	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	1,390,093	84,559,529	0.016439	2,784,613	45,776	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	70,821	988,009	0.071681	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,004,665	694,821,616		36,174,849	577,871	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XIX			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	0	31,125	0	0	0	31,125	30.00
31.00 INTENSIVE CARE UNIT	0	3,543	0	0	0	3,543	31.00
32.00 CORONARY CARE UNIT	0	2,584	0	0	0	2,584	32.00
40.00 SUBPROVIDER - IPF	0	1,866	0	0	0	1,866	40.00
41.00 SUBPROVIDER - IRF	0	2,000	0	0	0	2,000	41.00
200.00 Total (lines 30-199)	0	41,118	0	0	0	41,118	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 260180 Period: From 01/01/2011 To 12/31/2011 Worksheet D Part III Date/Time Prepared: 5/28/2012 11:20 am

Cost Center Description	Title XIX		Hospital		PSA Adj. Nursing School	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	65,649	0.47	10,818	5,084	0	30.00
31.00 INTENSIVE CARE UNIT	7,427	0.48	620	298	0	31.00
32.00 CORONARY CARE UNIT	5,417	0.48	652	313	0	32.00
40.00 SUBPROVIDER - IPF	3,911	0.48	922	443	0	40.00
41.00 SUBPROVIDER - IRF	4,192	0.48	227	109	0	41.00
200.00 Total (lines 30-199)	86,596		13,239	6,247	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part III
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Title XIX		Hospital	PPS
		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
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 260180

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Title XIX			Hospital		Total Cost (sum of col 1 through col. 4)	PPS
		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	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	G.I. LAB	0	0	0	0	0	0	60.01
60.02	VASCULAR LAB	0	0	0	0	0	0	60.02
60.03	LABORATORY-PATHOLOGY	0	0	0	0	0	0	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	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	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	SHOCK THERAPY	0	0	0	0	0	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	0	76.01
76.02	DIABETES CARE CENTER	0	0	0	0	0	0	76.02
76.03	OP PSYCH	0	0	0	0	0	0	76.03
76.04	CARDIAC REHAB	0	0	0	0	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	556	0	0	556	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES							95.00
200.00	Total (Lines 50-199)	0	0	556	0	0	556	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 260180
 Period: From 01/01/2011 To 12/31/2011
 Worksheet D Part IV
 Date/Time Prepared: 5/28/2012 11:20 am

Cost Center Description	Title XIX					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	46,357,324	0.000000	0.000000	1,804,804	50.00
51.00 RECOVERY ROOM	0	5,944,698	0.000000	0.000000	222,632	51.00
53.00 ANESTHESIOLOGY	0	8,079,400	0.000000	0.000000	388,969	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	82,877,241	0.000000	0.000000	4,127,257	54.00
57.00 CT SCAN	0	47,400,281	0.000000	0.000000	2,352,724	57.00
59.00 CARDIAC CATHETERIZATION	0	27,353,107	0.000000	0.000000	1,551,090	59.00
60.00 LABORATORY	0	131,016,297	0.000000	0.000000	7,470,502	60.00
60.01 G.I. LAB	0	7,723,904	0.000000	0.000000	429,059	60.01
60.02 VASCULAR LAB	0	6,522,801	0.000000	0.000000	454,300	60.02
60.03 LABORATORY-PATHOLOGY	0	4,644,544	0.000000	0.000000	216,893	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	12,572,589	0.000000	0.000000	899,699	63.00
65.00 RESPIRATORY THERAPY	0	29,279,903	0.000000	0.000000	3,008,667	65.00
66.00 PHYSICAL THERAPY	0	8,967,120	0.000000	0.000000	358,230	66.00
67.00 OCCUPATIONAL THERAPY	0	4,368,810	0.000000	0.000000	136,158	67.00
68.00 SPEECH PATHOLOGY	0	1,388,618	0.000000	0.000000	244,531	68.00
69.00 ELECTROCARDIOLOGY	0	25,145,420	0.000000	0.000000	1,913,153	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,689,642	0.000000	0.000000	123,634	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,428,440	0.000000	0.000000	1,092,019	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	37,423,983	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	67,731,685	0.000000	0.000000	5,964,581	73.00
74.00 RENAL DIALYSIS	0	6,875,148	0.000000	0.000000	615,082	74.00
76.00 SHOCK THERAPY	0	158,917	0.000000	0.000000	16,252	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	2,190,266	0.000000	0.000000	0	76.01
76.02 DIABETES CARE CENTER	0	156,958	0.000000	0.000000	0	76.02
76.03 OP PSYCH	0	2,806,370	0.000000	0.000000	0	76.03
76.04 CARDIAC REHAB	0	435,202	0.000000	0.000000	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	1,735,410	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	84,559,529	0.000000	0.000000	2,784,613	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	556	988,009	0.000563	0.000563	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	556	694,821,616			36,174,849	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XIX			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	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 G.I. LAB	0	0	0	0	0	60.01
60.02 VASCULAR LAB	0	0	0	0	0	60.02
60.03 LABORATORY-PATHOLOGY	0	0	0	0	0	60.03
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 SHOCK THERAPY	0	0	0	0	0	76.00
76.01 PAIN MANAGEMENT & OP CHEMO	0	0	0	0	0	76.01
76.02 DIABETES CARE CENTER	0	0	0	0	0	76.02
76.03 OP PSYCH	0	0	0	0	0	76.03
76.04 CARDIAC REHAB	0	0	0	0	0	76.04
76.98 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
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						
95.00 AMBULANCE SERVICES						95.00
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: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XIX	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
57.00	CT SCAN	0	0			57.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	G.I. LAB	0	0			60.01
60.02	VASCULAR LAB	0	0			60.02
60.03	LABORATORY-PATHOLOGY	0	0			60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
76.00	SHOCK THERAPY	0	0			76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0			76.01
76.02	DIABETES CARE CENTER	0	0			76.02
76.03	OP PSYCH	0	0			76.03
76.04	CARDIAC REHAB	0	0			76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.346244	0	0	1,667,616	50.00
51.00	RECOVERY ROOM	0.208249	0	0	180,602	51.00
53.00	ANESTHESIOLOGY	0.073637	0	0	208,707	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159959	0	0	3,895,622	54.00
57.00	CT SCAN	0.056035	0	0	2,293,210	57.00
59.00	CARDIAC CATHETERIZATION	0.147108	0	0	482,907	59.00
60.00	LABORATORY	0.126233	0	0	0	60.00
60.01	G.I. LAB	0.264760	0	0	240,117	60.01
60.02	VASCULAR LAB	0.094490	0	0	146,791	60.02
60.03	LABORATORY-PATHOLOGY	0.198415	0	0	102,370	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	0	0	112,399	63.00
65.00	RESPIRATORY THERAPY	0.224522	0	0	297,586	65.00
66.00	PHYSICAL THERAPY	0.342491	0	0	315,297	66.00
67.00	OCCUPATIONAL THERAPY	0.330166	0	0	32,282	67.00
68.00	SPEECH PATHOLOGY	0.387740	0	0	6,238	68.00
69.00	ELECTROCARDIOLOGY	0.060239	0	0	637,411	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	0	0	367,778	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	0	0	116,170	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	0	0	1,922,261	73.00
74.00	RENAL DIALYSIS	0.356899	0	0	0	74.00
76.00	SHOCK THERAPY	1.075115	0	0	12,282	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	0	195,491	76.01
76.02	DIABETES CARE CENTER	5.945750	0	0	3,174	76.02
76.03	OP PSYCH	0.321358	0	0	0	76.03
76.04	CARDIAC REHAB	0.967348	0	0	46,828	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0.209999	0	0	7,096,672	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.463504	0	0		95.00
200.00	Subtotal (see instructions)		0	0	20,379,811	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	20,379,811	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 260180

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

Worksheet D
Part V
Date/Time Prepared:
5/28/2012 11:20 am

		Title XIX			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	0	0	577,402		50.00
51.00	RECOVERY ROOM	0	0	37,610		51.00
53.00	ANESTHESIOLOGY	0	0	15,369		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	623,140		54.00
57.00	CT SCAN	0	0	128,500		57.00
59.00	CARDIAC CATHETERIZATION	0	0	71,039		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	G.I. LAB	0	0	63,573		60.01
60.02	VASCULAR LAB	0	0	13,870		60.02
60.03	LABORATORY-PATHOLOGY	0	0	20,312		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	38,054		63.00
65.00	RESPIRATORY THERAPY	0	0	66,815		65.00
66.00	PHYSICAL THERAPY	0	0	107,986		66.00
67.00	OCCUPATIONAL THERAPY	0	0	10,658		67.00
68.00	SPEECH PATHOLOGY	0	0	2,419		68.00
69.00	ELECTROCARDIOLOGY	0	0	38,397		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	66,459		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	35,449		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	573,278		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
76.00	SHOCK THERAPY	0	0	13,205		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0	0	110,462		76.01
76.02	DIABETES CARE CENTER	0	0	18,872		76.02
76.03	OP PSYCH	0	0	0		76.03
76.04	CARDIAC REHAB	0	0	45,299		76.04
76.98	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	0	1,490,294		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	0	0	4,168,462		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	4,168,462		202.00

Cost Center Description	Title XVIII	Hospital	PPS
			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		65,649 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		65,649 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		65,649 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)		31,337 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)		45,467,030 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)		45,467,030 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		80,143,423 28.00
29.00	Private room charges (excluding swing-bed charges)		0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		80,143,423 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.567321 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,220.79 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		45,467,030 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)		692.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,703,379 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)		21,703,379 41.00

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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,957,909	7,427	1,475.42	2,733	4,032,323	43.00
44.00	CORONARY CARE UNIT	6,479,723	5,417	1,196.18	4,347	5,199,794	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					40,275,491	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,210,987	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,539,865	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,346,268	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,886,133	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					65,324,854	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,173	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					692.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					812,396	89.00

Provider CCN: 260180

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

Worksheet D-1

Date/Time Prepared:
 5/28/2012 11:20 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	3,963,595	45,467,030	0.087175	812,396	70,821	90.00
91.00 Nursing School cost	0	45,467,030	0.000000	812,396	0	91.00
92.00 Allied health cost	31,125	45,467,030	0.000685	812,396	556	92.00
93.00 All other Medical Education	0	45,467,030	0.000000	812,396	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260180

Period: From 01/01/2011

Worksheet D-1

Component CCN: 26S180

To 12/31/2011

Date/Time Prepared: 5/28/2012 11:20 am

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)	3,911	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,911	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,911	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,708	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)	3,239,584	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)	3,239,584	27.00

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,239,584	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)	828.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,414,788	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,414,788	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26S180		Period: From 01/01/2011 To 12/31/2011		worksheet D-1 Date/Time Prepared: 5/28/2012 11:20 am	
Title XVIII				Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)					226,325	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,641,113	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)					118,843	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					14,069	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					132,912	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,508,201	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260180
Component CCN: 26S180

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

Worksheet D-1
Date/Time Prepared:
5/28/2012 11:20 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	270,246	3,239,584	0.083420	0	0 90.00
91.00 Nursing School cost	0	3,239,584	0.000000	0	0 91.00
92.00 Allied health cost	1,866	3,239,584	0.000576	0	0 92.00
93.00 All other Medical Education	0	3,239,584	0.000000	0	0 93.00

Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
Component CCN: 26T180		Date/Time Prepared: 5/28/2012 11:20 am
Title XVIII	Subprovider - IRF	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)	4,192 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,192 2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,192 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,837 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)	2,469,342 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)	2,469,342 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0 28.00
29.00	Private room charges (excluding swing-bed charges)	0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,469,342 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)	589.06 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,671,163 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,671,163 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 260180 Component CCN: 26T180		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 11:20 am	
Title XVIII		Subprovider - IRF		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title v & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00
44.00	0	0	0.00	0	0		44.00
45.00							45.00
46.00							46.00
47.00							47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,625,669	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,296,832	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)					151,950	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					117,765	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					269,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,027,117	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title v or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title v or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title v or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
Component CCN: 26T180		Date/Time Prepared: 5/28/2012 11:20 am

Title XVIII		Subprovider - IRF		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	222,511	2,469,342	0.090109	0 90.00
91.00	Nursing School cost	0	2,469,342	0.000000	0 91.00
92.00	Allied health cost	2,000	2,469,342	0.000810	0 92.00
93.00	All other Medical Education	0	2,469,342	0.000000	0 93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260180

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			65,649 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			65,649 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			65,649 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			10,818 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)			45,467,030 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)			45,467,030 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			45,467,030 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)			692.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			7,492,330 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)			7,492,330 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260180

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Title XIX			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)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	10,957,909	7,427	1,475.42	620	914,760	43.00
44.00 CORONARY CARE UNIT	6,479,723	5,417	1,196.18	652	779,909	44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					7,180,658	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,367,657	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)					772,870	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					577,871	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,350,741	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,016,916	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,173	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					692.58	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					812,396	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 260180

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

Worksheet D-1

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description	Title XIX			Hospital	PPS	
	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	3,963,595	45,467,030	0.087175	812,396	70,821	90.00
91.00 Nursing School cost	0	45,467,030	0.000000	812,396	0	91.00
92.00 Allied health cost	31,125	45,467,030	0.000685	812,396	556	92.00
93.00 All other Medical Education	0	45,467,030	0.000000	812,396	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:20 am
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Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		39,746,549		30.00
31.00	INTENSIVE CARE UNIT		6,378,210		31.00
32.00	CORONARY CARE UNIT		10,239,830		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.347126	13,575,027	4,712,245	50.00
51.00	RECOVERY ROOM	0.208249	979,614	204,004	51.00
53.00	ANESTHESIOLOGY	0.075503	1,764,816	133,249	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194	13,944,303	2,233,794	54.00
57.00	CT SCAN	0.056035	8,835,333	495,088	57.00
59.00	CARDIAC CATHETERIZATION	0.147108	4,049,032	595,645	59.00
60.00	LABORATORY	0.126233	32,151,940	4,058,636	60.00
60.01	G.I. LAB	0.265146	1,228,435	325,715	60.01
60.02	VASCULAR LAB	0.094490	2,418,517	228,526	60.02
60.03	LABORATORY-PATHOLOGY	0.198415	899,864	178,547	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	4,609,748	1,560,695	63.00
65.00	RESPIRATORY THERAPY	0.224522	13,807,123	3,100,003	65.00
66.00	PHYSICAL THERAPY	0.342491	2,009,119	688,105	66.00
67.00	OCCUPATIONAL THERAPY	0.330166	1,428,516	471,647	67.00
68.00	SPEECH PATHOLOGY	0.387740	466,233	180,777	68.00
69.00	ELECTROCARDIOLOGY	0.060518	9,747,923	589,925	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	579,171	104,659	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	14,653,940	4,471,606	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	10,739,176	4,319,930	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	28,857,200	8,606,112	73.00
74.00	RENAL DIALYSIS	0.356899	4,615,134	1,647,137	74.00
76.00	SHOCK THERAPY	1.075115	25,516	27,433	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	24,110	13,623	76.01
76.02	DIABETES CARE CENTER	5.945750	0	0	76.02
76.03	OP PSYCH	0.322121	0	0	76.03
76.04	CARDIAC REHAB	0.967348	334	323	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	10,332	1,874	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.209999	5,992,115	1,258,338	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	82,523	67,855	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		177,495,094	40,275,491	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)		177,495,094		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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
40.00	SUBPROVIDER - IPF		1,573,637		40.00
41.00	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.347126	6,008	2,086	50.00
51.00	RECOVERY ROOM	0.208249	2,304	480	51.00
53.00	ANESTHESIOLOGY	0.075503	1,204	91	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194	49,131	7,870	54.00
57.00	CT SCAN	0.056035	84,749	4,749	57.00
59.00	CARDIAC CATHETERIZATION	0.147108	0	0	59.00
60.00	LABORATORY	0.126233	272,811	34,438	60.00
60.01	G.I. LAB	0.265146	5,440	1,442	60.01
60.02	VASCULAR LAB	0.094490	9,177	867	60.02
60.03	LABORATORY-PATHOLOGY	0.198415	5,480	1,087	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	26,218	8,876	63.00
65.00	RESPIRATORY THERAPY	0.224522	34,260	7,692	65.00
66.00	PHYSICAL THERAPY	0.342491	21,945	7,516	66.00
67.00	OCCUPATIONAL THERAPY	0.330166	3,195	1,055	67.00
68.00	SPEECH PATHOLOGY	0.387740	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.060518	37,845	2,290	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	10,373	1,874	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	18,846	5,751	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	238,132	71,018	73.00
74.00	RENAL DIALYSIS	0.356899	27,216	9,713	74.00
76.00	SHOCK THERAPY	1.075115	23,422	25,181	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	0	76.01
76.02	DIABETES CARE CENTER	5.945750	0	0	76.02
76.03	OP PSYCH	0.322121	5,477	1,764	76.03
76.04	CARDIAC REHAB	0.967348	0	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.209999	145,167	30,485	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,028,400	226,325	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)		1,028,400		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:20 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
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
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		2,446,716	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.347126	90,143	50.00
51.00	RECOVERY ROOM	0.208249	8,172	51.00
53.00	ANESTHESIOLOGY	0.075503	12,060	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194	176,927	54.00
57.00	CT SCAN	0.056035	81,106	57.00
59.00	CARDIAC CATHETERIZATION	0.147108	0	59.00
60.00	LABORATORY	0.126233	546,225	60.00
60.01	G.I. LAB	0.265146	14,258	60.01
60.02	VASCULAR LAB	0.094490	53,822	60.02
60.03	LABORATORY-PATHOLOGY	0.198415	3,981	60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	21,096	63.00
65.00	RESPIRATORY THERAPY	0.224522	214,461	65.00
66.00	PHYSICAL THERAPY	0.342491	1,362,504	66.00
67.00	OCCUPATIONAL THERAPY	0.330166	1,198,492	67.00
68.00	SPEECH PATHOLOGY	0.387740	329,248	68.00
69.00	ELECTROCARDIOLOGY	0.060518	30,248	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	5,998	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	245,717	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	26,762	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	835,282	73.00
74.00	RENAL DIALYSIS	0.356899	271,089	74.00
76.00	SHOCK THERAPY	1.075115	0	76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	76.01
76.02	DIABETES CARE CENTER	5.945750	0	76.02
76.03	OP PSYCH	0.322121	0	76.03
76.04	CARDIAC REHAB	0.967348	0	76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.209999	2,136	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,529,727	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		5,529,727	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 260180

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

Worksheet D-3

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Title XIX		Hospital		PPS
		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		10,156,619			30.00
31.00	INTENSIVE CARE UNIT		1,596,366			31.00
32.00	CORONARY CARE UNIT		1,724,102			32.00
40.00	SUBPROVIDER - IPF		0			40.00
41.00	SUBPROVIDER - IRF		0			41.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.347126	1,804,804	626,494		50.00
51.00	RECOVERY ROOM	0.208249	222,632	46,363		51.00
53.00	ANESTHESIOLOGY	0.075503	388,969	29,368		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.160194	4,127,257	661,162		54.00
57.00	CT SCAN	0.056035	2,352,724	131,835		57.00
59.00	CARDIAC CATHETERIZATION	0.147108	1,551,090	228,178		59.00
60.00	LABORATORY	0.126233	7,470,502	943,024		60.00
60.01	G.I. LAB	0.265146	429,059	113,763		60.01
60.02	VASCULAR LAB	0.094490	454,300	42,927		60.02
60.03	LABORATORY-PATHOLOGY	0.198415	216,893	43,035		60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	899,699	304,606		63.00
65.00	RESPIRATORY THERAPY	0.224522	3,008,667	675,512		65.00
66.00	PHYSICAL THERAPY	0.342491	358,230	122,691		66.00
67.00	OCCUPATIONAL THERAPY	0.330166	136,158	44,955		67.00
68.00	SPEECH PATHOLOGY	0.387740	244,531	94,814		68.00
69.00	ELECTROCARDIOLOGY	0.060518	1,913,153	115,780		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	123,634	22,341		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	1,092,019	333,226		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	5,964,581	1,778,823		73.00
74.00	RENAL DIALYSIS	0.356899	615,082	219,522		74.00
76.00	SHOCK THERAPY	1.075115	16,252	17,473		76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	0		76.01
76.02	DIABETES CARE CENTER	5.945750	0	0		76.02
76.03	OP PSYCH	0.322121	0	0		76.03
76.04	CARDIAC REHAB	0.967348	0	0		76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0.209999	2,784,613	584,766		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (sum of lines 50-94 and 96-98)		36,174,849	7,180,658		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)		36,174,849			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 265180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:20 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
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
40.00	SUBPROVIDER - IPF		729,960	40.00
41.00	SUBPROVIDER - IRF		0	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.346244	17,684	6,123 50.00
51.00	RECOVERY ROOM	0.208249	1,755	365 51.00
53.00	ANESTHESIOLOGY	0.073637	3,377	249 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159959	67,309	10,767 54.00
57.00	CT SCAN	0.056035	33,947	1,902 57.00
59.00	CARDIAC CATHETERIZATION	0.147108	26,181	3,851 59.00
60.00	LABORATORY	0.126233	231,067	29,168 60.00
60.01	G.I. LAB	0.264760	4,916	1,302 60.01
60.02	VASCULAR LAB	0.094490	9,502	898 60.02
60.03	LABORATORY-PATHOLOGY	0.198415	3,954	785 60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	2,482	840 63.00
65.00	RESPIRATORY THERAPY	0.224522	17,199	3,862 65.00
66.00	PHYSICAL THERAPY	0.342491	7,560	2,589 66.00
67.00	OCCUPATIONAL THERAPY	0.330166	5,634	1,860 67.00
68.00	SPEECH PATHOLOGY	0.387740	2,378	922 68.00
69.00	ELECTROCARDIOLOGY	0.060239	34,208	2,061 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	7,544	1,363 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	8,470	2,585 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	129,887	38,736 73.00
74.00	RENAL DIALYSIS	0.356899	10,368	3,700 74.00
76.00	SHOCK THERAPY	1.075115	15,774	16,959 76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	0 76.01
76.02	DIABETES CARE CENTER	5.945750	0	0 76.02
76.03	OP PSYCH	0.321358	0	0 76.03
76.04	CARDIAC REHAB	0.967348	0	0 76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.209999	140,629	29,532 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		781,825	160,419 200.00
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)		781,825	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 11:20 am
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
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
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		172,800	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.346244	24,919	8,628 50.00
51.00	RECOVERY ROOM	0.208249	5,720	1,191 51.00
53.00	ANESTHESIOLOGY	0.073637	5,556	409 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159959	104,332	16,689 54.00
57.00	CT SCAN	0.056035	43,753	2,452 57.00
59.00	CARDIAC CATHETERIZATION	0.147108	1,186	174 59.00
60.00	LABORATORY	0.126233	92,600	11,689 60.00
60.01	G.I. LAB	0.264760	3,952	1,046 60.01
60.02	VASCULAR LAB	0.094490	10,511	993 60.02
60.03	LABORATORY-PATHOLOGY	0.198415	3,795	753 60.03
63.00	BLOOD STORING, PROCESSING & TRANS.	0.338564	15,535	5,260 63.00
65.00	RESPIRATORY THERAPY	0.224522	5,239	1,176 65.00
66.00	PHYSICAL THERAPY	0.342491	113,378	38,831 66.00
67.00	OCCUPATIONAL THERAPY	0.330166	99,275	32,777 67.00
68.00	SPEECH PATHOLOGY	0.387740	31,125	12,068 68.00
69.00	ELECTROCARDIOLOGY	0.060239	42,874	2,583 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.180705	3,509	634 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.305147	21,216	6,474 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.402259	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.298231	90,791	27,077 73.00
74.00	RENAL DIALYSIS	0.356899	18,144	6,476 74.00
76.00	SHOCK THERAPY	1.075115	0	0 76.00
76.01	PAIN MANAGEMENT & OP CHEMO	0.565050	0	0 76.01
76.02	DIABETES CARE CENTER	5.945750	0	0 76.02
76.03	OP PSYCH	0.321358	0	0 76.03
76.04	CARDIAC REHAB	0.967348	0	0 76.04
76.98	HYPERBARIC OXYGEN THERAPY	0.181376	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.209999	15,893	3,338 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.822256	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		753,303	180,718 200.00
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)		753,303	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 11:20 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments			50,301,366 1.00
2.00	Outlier payments for discharges. (see instructions)			4,344,209 2.00
3.00	Managed Care Simulated Payments			9,434,366 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			418.79 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)			2.47 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.			-1.69 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)			0.78 9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.85 10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00 11.00
12.00	Current year allowable FTE (see instructions)			0.78 12.00
13.00	Total allowable FTE count for the prior year.			0.00 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.			1.17 14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.65 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			0.65 18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.001552 19.00
20.00	Prior year resident to bed ratio (see instructions)			0.002267 20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.001552 21.00
22.00	IME payment adjustment (see instructions)			50,656 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)			0.07 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)			50,656 29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			8.42 30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)			17.10 31.00
32.00	Sum of lines 30 and 31			25.52 32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.27 33.00
34.00	Disproportionate share adjustment (see instructions)			5,165,950 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)			841 40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)			6,139 41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			729.96 42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)			6,667 43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.155144 44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			405.45 45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			386,143 46.00
47.00	Subtotal (see instructions)			60,248,324 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)			60,248,324 49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)			4,749,280 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).			4,899 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			18,127 57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 260180

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

Worksheet E
Part A
Date/Time Prepared:
5/28/2012 11:20 am

		Title XVIII	Hospital	PPS	
				1.00	
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			46	58.00
59.00	Total (sum of amounts on lines 49 through 58)			65,020,676	59.00
60.00	Primary payer payments			12,000	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			65,008,676	61.00
62.00	Deductibles billed to program beneficiaries			4,346,736	62.00
63.00	Coinsurance billed to program beneficiaries			699,593	63.00
64.00	Allowable bad debts (see instructions)			2,481,615	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,737,131	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,885,216	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			61,699,478	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)			61,699,478	71.00
72.00	Interim payments			61,871,245	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)			-171,767	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			2,097,569	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: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:20 am
		Title XVIII	Hospital	PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	3,700	1.00
2.00	Medical and other services reimbursed under OPSS (see instructions)	16,557,557	2.00
3.00	PPS payments	15,453,779	3.00
4.00	Outlier payment (see instructions)	157,538	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	57	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	3,700	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	12,405	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)	12,405	14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	12,405	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	8,705	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	3,700	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)	15,611,374	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)	3,346,902	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)	12,268,172	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	1,066	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)	12,269,238	30.00
31.00	Primary payer payments	2,926	31.00
32.00	Subtotal (line 30 minus line 31)	12,266,312	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)	12,266,312	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)	12,266,312	40.00
41.00	Interim payments	12,262,425	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	3,887	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: 260180

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

Worksheet E
Part B
Date/Time Prepared:
5/28/2012 11:20 am

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: 260180

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

Worksheet E
Part B
Date/Time Prepared:
5/28/2012 11:20 am

Component CCN: 26S180

Title XVIII

Subprovider -
IPF

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges

12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00

Customary charges

15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00

ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

33.00	Composite rate ESRD (from worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00

TO BE COMPLETED BY CONTRACTOR

90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:20 am
		Title XVIII	Subprovider - IPF PPS
			Overrides 1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260180 Component CCN: 26T180	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:20 am
	Title XVIII	Subprovider - IRF	PPS

			1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0 2.00
3.00	PPS payments		0 3.00
4.00	Outlier payment (see instructions)		0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000 5.00
6.00	Line 2 times line 5		0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00 7.00
8.00	Transitional corridor payment (see instructions)		0 8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0 9.00
10.00	Organ acquisitions		0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges		0 12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0 14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000 17.00
18.00	Total customary charges (see instructions)		0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0 21.00
22.00	Interns and residents (see instructions)		0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)		0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0 28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0 29.00
30.00	Subtotal (sum of lines 27 through 29)		0 30.00
31.00	Primary payer payments		0 31.00
32.00	Subtotal (line 30 minus line 31)		0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0 33.00
34.00	Allowable bad debts (see instructions)		0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0 37.00
38.00	MSP-LCC reconciliation amount from PS&R		0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0 40.00
41.00	Interim payments		0 41.00
42.00	Tentative settlement (for contractors use only)		0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0 44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)		0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0 91.00
92.00	The rate used to calculate the Time Value of Money		0.00 92.00
93.00	Time Value of Money (see instructions)		0 93.00
94.00	Total (sum of lines 91 and 93)		0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260180 Component CCN: 261180	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 11:20 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
112.00	WORKSHEET OVERRIDE VALUES override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 11:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		61,645,445		12,262,425	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/08/2011	225,800		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		225,800		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		61,871,245		12,262,425	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		3,887	6.01	
6.02	SETTLEMENT TO PROGRAM		171,767		0	6.02	
7.00	Total Medicare program liability (see instructions)		61,699,478		12,266,312	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: 260180
Component CCN: 26S180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 11:20 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,167,761		0	1.00	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	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	3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	3.01
3.02			0		0	3.02	3.02
3.03			0		0	3.03	3.03
3.04			0		0	3.04	3.04
3.05			0		0	3.05	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	3.50
3.51			0		0	3.51	3.51
3.52			0		0	3.52	3.52
3.53			0		0	3.53	3.53
3.54			0		0	3.54	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	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)		1,167,761		0	4.00	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	5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	5.01
5.02			0		0	5.02	5.02
5.03			0		0	5.03	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	5.50
5.51			0		0	5.51	5.51
5.52			0		0	5.52	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	6.00
6.01	SETTLEMENT TO PROVIDER		820		0	6.01	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	6.02
7.00	Total Medicare program liability (see instructions)		1,168,581		0	7.00	7.00
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 260180

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 11:20 am

Component CCN: 26T180

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,629,329		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		3,629,329		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,000		0	6.02
7.00	Total Medicare program liability (see instructions)		3,624,329		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 260180 Component CCN: 26S180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/28/2012 11:20 am
	Title XVIII	Subprovider - IPF	PPS

			1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,276,694	1.00
2.00	Net IPF PPS Outlier Payments		29,285	2.00
3.00	Net IPF PPS ECT Payments		13,278	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)		10.715068	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)		1,319,257	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)		1,319,257	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,319,257	18.00
19.00	Deductibles		134,516	19.00
20.00	Subtotal (line 18 minus line 19)		1,184,741	20.00
21.00	Coinsurance		16,980	21.00
22.00	Subtotal (line 20 minus line 21)		1,167,761	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,167,761	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)		820	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)		1,168,581	31.00
32.00	Interim payments		1,167,761	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)		820	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/28/2012 11:20 am
Component CCN: 261180	Title XVIII	Subprovider - IRF
		PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	3,426,710	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0645	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	181,903	3.00
4.00	Outlier Payments	66,992	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	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	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	11.484932	10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	3,675,605	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	3,675,605	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,675,605	19.00
20.00	Deductibles	21,508	20.00
21.00	Subtotal (line 19 minus line 20)	3,654,097	21.00
22.00	Coinsurance	31,130	22.00
23.00	Subtotal (line 21 minus line 22)	3,622,967	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,622,967	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	1,362	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	3,624,329	32.00
33.00	Interim payments	3,629,329	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	-5,000	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 11:20 am
		Title XIX	Hospital	PPS
				1.00

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		4,168,462	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,168,462	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,168,462	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		13,477,087	8.00
9.00	Ancillary service charges		56,554,660	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		70,031,747	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		70,031,747	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		65,863,285	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,168,462	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		6,247	26.00
27.00	Subtotal (sum of lines 22 through 26)		6,247	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		4,174,709	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,174,709	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,174,709	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		4,174,709	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,174,709	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		4,174,709	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 11:20 am
Component CCN: 26S180	Title XIX	Subprovider - IPF
		Cost

		1.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable Charges			
8.00	Routine service charges	729,960	8.00
9.00	Ancillary service charges	781,825	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,511,785	12.00
CUSTOMARY CHRGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	1,511,785	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,511,785	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00
PROSPECTIVE PAYMENT AMOUNT			
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 11:20 am
Component CCN: 26T180		
Title XIX	Subprovider - IRF	Cost

1.00

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES

1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable Charges

8.00	Routine service charges	172,800	8.00
9.00	Ancillary service charges	753,303	9.00
10.00	Organ acquisition charges, net of revenue	0	10.00
11.00	Incentive from target amount computation	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	926,103	12.00

CUSTOMARY CHRGES

13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	926,103	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	926,103	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	18.00
19.00	Interns and Residents (see instructions)	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	21.00

PROSPECTIVE PAYMENT AMOUNT

22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.	0	29.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT

30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/28/2012 11:20 am
	Title XVIII	Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		2.47 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))		-1.67 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)		0.80 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		0.85 6.00
7.00	Enter the lesser of line 5 or line 6		0.80 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	0.43	0.43	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	0.40	0.40	9.00
10.00	weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.40		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.13		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	0.13		17.00
18.00	Per resident amount	0.00	80,526.84		18.00
19.00	Approved amount for resident costs	0	10,468	10,468	19.00

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)			0.05	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)			10,468	25.00

		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	42,962	6,647		26.00
27.00	Total Inpatient Days	85,423	85,423		27.00
28.00	Ratio of inpatient days to total inpatient days	0.502932	0.077813		28.00
29.00	Program direct GME amount	5,265	815		29.00
30.00	Reduction for nursing/allied health		115		30.00
31.00	Net Program direct GME amount			5,965	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/28/2012 11:20 am
	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)		6,875,148	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)		76,148,932	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)		12,000	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,136,932	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		16,561,314	42.00
43.00	Primary payer payments (see instructions)		2,926	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,558,388	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		92,695,320	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.821368	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.178632	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,965	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		4,899	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,066	50.00

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

Provider CCN: 260180

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

Worksheet G

Date/Time Prepared:
5/28/2012 11:20 am

		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	-222,440	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	119,718,927	0	0	0	4.00
5.00	Other receivable	1,974,510	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-74,601,969	0	0	0	6.00
7.00	Inventory	3,710,381	0	0	0	7.00
8.00	Prepaid expenses	697,205	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)	51,276,614	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,240,325	0	0	0	12.00
13.00	Land improvements	6,059,249	0	0	0	13.00
14.00	Accumulated depreciation	-5,293,523	0	0	0	14.00
15.00	Buildings	111,427,472	0	0	0	15.00
16.00	Accumulated depreciation	-52,955,744	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	72,408,734	0	0	0	19.00
20.00	Accumulated depreciation	-57,910,295	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	88,008,250	0	0	0	23.00
24.00	Accumulated depreciation	-68,172,207	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)	95,812,261	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	209,516,433	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	520,150	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	210,036,583	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	357,125,458	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,778,186	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,675,884	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,904,633	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	1,419,532	0	0	0	42.00
43.00	Due to other funds	55,069	0	0	0	43.00
44.00	Other current liabilities	322,154,654	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	343,987,958	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	32,861,397	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	400,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,261,397	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	377,249,355	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-20,123,897	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-20,123,897	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	357,125,458	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:20 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00					
2.00					2.00	
3.00					3.00	
4.00					4.00	
5.00					5.00	
6.00					6.00	
7.00					7.00	
8.00					8.00	
9.00					9.00	
10.00					10.00	
11.00					11.00	
12.00					12.00	
13.00					13.00	
14.00					14.00	
15.00					15.00	
16.00					16.00	
17.00					17.00	
18.00					18.00	
19.00					19.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 260180

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 11:20 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 260180

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

Worksheet G-2 Parts

Date/Time Prepared:
5/28/2012 11:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	81,129,379		81,129,379	1.00
2.00	SUBPROVIDER - IPF	3,608,224		3,608,224	2.00
3.00	SUBPROVIDER - IRF	3,619,284		3,619,284	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	88,356,887		88,356,887	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,008,078		18,008,078	11.00
12.00	CORONARY CARE UNIT	12,101,459		12,101,459	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	30,109,537		30,109,537	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	118,466,424		118,466,424	17.00
18.00	Ancillary services	362,122,485	359,482,018	721,604,503	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				22.00
23.00	AMBULANCE SERVICES	112,747	19,060,893	19,173,640	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	480,701,656	378,542,911	859,244,567	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		274,885,135		29.00
30.00	PHYSICIAN PRACTICE NET LOSS	9,036,675			30.00
31.00	MOB NET LOSS	552,764			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)		9,589,439		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)		284,474,574		43.00

Provider CCN: 260180

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

Worksheet G-3

Date/Time Prepared:
5/28/2012 11:20 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	859,244,567	1.00
2.00	Less contractual allowances and discounts on patients' accounts	598,621,135	2.00
3.00	Net patient revenues (line 1 minus line 2)	260,623,432	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	284,474,574	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-23,851,142	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,480,216	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,160,263	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	8,770,285	24.00
25.00	Total other income (sum of lines 6-24)	17,410,764	25.00
26.00	Total (line 5 plus line 25)	-6,440,378	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)	-6,440,378	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 260180	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/28/2012 11:20 am
		Title XVIII	Hospital	PPS

				1.00
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	4,053,708	1.00
2.00	Capital DRG outlier payments	477,077	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	213.96	3.00
4.00	Number of interns & residents (see instructions)	0.65	4.00
5.00	Indirect medical education percentage (see instructions)	0.09	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	3,648	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	8.42	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	17.10	8.00
9.00	Sum of lines 7 and 8	25.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.30	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	214,847	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	4,749,280	12.00

				1.00
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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
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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