

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 10:01 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input checked="" type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012	Time: 10:01 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-8,882	-18,250	0	18,205,017	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	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	-8,882	-18,250	0	18,205,017	200.00

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

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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 5/29/2012 Time: 10:01 am

2. Manually submitted cost report

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

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

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: Contractor No.

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

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. LOUIS CHILDREN'S HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 5/29/2012 Time: 10:01 am
 veEQP1SWmM9c30kTFnd2uJPtbdKU30
 BND900S1Hoz30S7G8FI wXLI B4i t. Jo
 aOul 1Nw7Yj QgFTnh
 PI: Date: 5/29/2012 Time: 10:01 am
 Q236xWdHd3Je07C38fLgN1V6EXXqB1
 2czUT0ov8F. Wdc30uK. ryeMSXUhQDJ
 ugcC2R9mbj 0l yxqu

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00		
		Part A 2.00	Part B 3.00				
PART III - SETTLEMENT SUMMARY							
1.00	Hospital	0	-8,882	-18,250	0	18,205,017	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	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	-8,882	-18,250	0	18,205,017	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: 263301			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:35 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE CHILDREN'S PLACE			PO Box:						1.00	
2.00	City: ST. LOUIS			State: MO		Zip Code: 63110		County: ST. LOUIS		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. LOUIS CHILDREN'S HOSPITAL	263301	41180	7	07/01/1966	0	T	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N			8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis		ST. LOUIS CHILDREN'S HOSPITAL	262309	41180		01/01/1974				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)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3 N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0		25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
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	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			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.	4.23	75.51	0.053047	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	PEDIATRICS	2000	1.79	78.29	0.022353	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			13.61	69.61	0.163542	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)	PEDIATRICS	2000	4.16	74.44	0.052926	67.00
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					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.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
			Speech	Respiratory	
			3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		8,000,000	99,999,999,999	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:35 am	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	06/30/1977					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.	06/18/2009					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.	06/18/2009					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.	06/18/2009					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 HEALTHCARE	Contractor's Name: WPS		Contractor's Number: 05301			141.00
142.00	Street: 4444 FOREST PARK AVE	PO Box:		Zip Code: 63108			142.00
143.00	City: ST. LOUIS	State: MO					143.00
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y					144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N					145.00
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
		Part A		Part B			
		1.00	2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	N	N				160.00
161.00	CMHC	N	N				161.00
						1.00	
Multi campus							
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.	Y					167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 8:35 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)			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.			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 the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			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.			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	05/11/2012	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 8:35 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		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	05/11/2012	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours		
	Line Number		Avai lable			
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	194	70,810	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)		194	70,810	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,220	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	78	28,470	0.00		12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		312	113,880	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		312				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	228	5,867	38,062		1.00
2.00 HMO		0	17,098			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	228	5,867	38,062		7.00
8.00 INTENSIVE CARE UNIT	0	24	1,134	7,471		8.00
9.00 CORONARY CARE UNIT	0	0	762	4,079		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	0	4,351	21,912		12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	252	12,114	71,524		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		220	2,356		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	33	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	161.82	2,375.90	0.00	0	33	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	161.82	2,375.90	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,410	11,581		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 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,410	11,581		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 263301

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

Worksheet S-5

Date/Time Prepared:
5/29/2012 8:35 am

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	4	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	4.20	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	365	0				5.00
6.00	Number of stations	5	0	0	0		6.00
7.00	Treatment capacity per day per station	2	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	10					11.00
12.00	Number of patients transplanted during the cost reporting period	1					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	11,635					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	147					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	12,369					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	133					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable				X		21.00

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	7	1.00
2.00	Number of times per week patient receives dialysis	0.00	7.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		6.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT		0	0	14,405,990	14,405,990	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	18,513,919	18,513,919	2.00
4.00	EMPLOYEE BENEFITS	970,911	3,783,671	4,754,582	-1,220,808	3,533,774	4.00
5.00	ADMINISTRATIVE & GENERAL	18,306,994	120,744,911	139,051,905	-49,663,780	89,388,125	5.00
6.00	MAINTENANCE & REPAIRS	333,294	1,799,321	2,132,615	-1,186,615	946,000	6.00
7.00	OPERATION OF PLANT	1,635,796	4,410,088	6,045,884	-572,813	5,473,071	7.00
8.00	LAUNDRY & LINEN SERVICE	0	212,262	212,262	0	212,262	8.00
9.00	HOUSEKEEPING	2,922,316	2,144,398	5,066,714	-130	5,066,584	9.00
10.00	DIETARY	0	0	0	636,427	636,427	10.00
11.00	CAFETERIA	2,355,938	4,559,679	6,915,617	515,283	7,430,900	11.00
13.00	NURSING ADMINISTRATION	4,525,107	1,869,239	6,394,346	-91,749	6,302,597	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	4,755,114	4,755,114	14.00
15.00	PHARMACY	0	0	0	15,161,604	15,161,604	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,780,862	873,369	2,654,231	-19,637	2,634,594	16.00
17.00	SOCIAL SERVICE	1,256,815	495,199	1,752,014	-13,347	1,738,667	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,955,058	4,135,971	10,091,029	27,003,874	37,094,903	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	18,579,740	10,884,173	29,463,913	-3,066,540	26,397,373	30.00
31.00	INTENSIVE CARE UNIT	7,180,910	3,679,432	10,860,342	-312,365	10,547,977	31.00
32.00	CORONARY CARE UNIT	3,848,755	2,124,370	5,973,125	-18,872	5,954,253	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	14,828,271	6,364,914	21,193,185	-643,140	20,550,045	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,070,670	23,133,682	30,204,352	-15,072,279	15,132,073	50.00
51.00	RECOVERY ROOM	1,222,881	405,954	1,628,835	1,470,231	3,099,066	51.00
53.00	ANESTHESIOLOGY	281,673	7,150,044	7,431,717	-3,151,102	4,280,615	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,790,318	962,382	3,752,700	-190,305	3,562,395	54.00
55.00	RADIOLOGY-THERAPEUTIC	400,909	541,897	942,806	-7,408	935,398	55.00
57.00	CT SCAN	61,144	290,315	351,459	-16,500	334,959	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	499,795	454,525	954,320	-8,685	945,635	58.00
59.00	CARDIAC CATHETERIZATION	778,277	2,986,530	3,764,807	-2,092,569	1,672,238	59.00
60.00	LABORATORY	4,398,877	11,049,863	15,448,740	-775,540	14,673,200	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	450,901	2,786,992	3,237,893	844,130	4,082,023	63.00
65.00	RESPIRATORY THERAPY	3,547,603	4,553,599	8,101,202	-2,225,053	5,876,149	65.00
66.00	PHYSICAL THERAPY	2,491,395	1,100,556	3,591,951	-199,127	3,392,824	66.00
67.00	OCCUPATIONAL THERAPY	871,078	286,015	1,157,093	-295	1,156,798	67.00
68.00	SPEECH PATHOLOGY	1,317,415	568,670	1,886,085	-52,360	1,833,725	68.00
69.00	ELECTROCARDIOLOGY	0	1,758,405	1,758,405	1,323	1,759,728	69.00
70.00	ELECTROENCEPHALOGRAPHY	346,910	347,676	694,586	-46,540	648,046	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	763,125	4,064,547	4,827,672	6,352,429	11,180,101	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,791,982	8,791,982	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,118,728	21,781,885	27,900,613	-15,607,522	12,293,091	73.00
74.00	RENAL DIALYSIS	538,788	809,042	1,347,830	-1,116,236	231,594	74.00
75.00	ASC (NON-DISTINCT PART)	2,120,186	746,392	2,866,578	-9,991	2,856,587	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	4,677,102	3,964,614	8,641,716	-762,902	7,878,814	90.00
91.00	EMERGENCY	5,612,058	4,573,809	10,185,867	-148,277	10,037,590	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	120,625	120,625	0	120,625	94.00
95.00	AMBULANCE SERVICES	2,488,585	1,130,849	3,619,434	-152,216	3,467,218	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	155,979	155,979	0	155,979	105.00
106.00	HEART ACQUISITION	0	1,190,574	1,190,574	-36,204	1,154,370	106.00
107.00	LIVER ACQUISITION	0	412,980	412,980	0	412,980	107.00
108.00	LUNG ACQUISITION	0	882,948	882,948	36,204	919,152	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	387,950	387,950	0	387,950	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	133,329,185	266,680,296	400,009,481	7,603	400,017,084	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,439	11,439	0	11,439	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,436,806	1,401,021	2,837,827	-7,603	2,830,224	194.00
200.00	TOTAL (SUM OF LINES 118-199)	134,765,991	268,092,756	402,858,747	0	402,858,747	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 263301

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-707,304	13,698,686	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-6,922	18,506,997	2.00
4.00	EMPLOYEE BENEFITS	3,615,969	7,149,743	4.00
5.00	ADMINISTRATIVE & GENERAL	-8,294,984	81,093,141	5.00
6.00	MAINTENANCE & REPAIRS	-534	945,466	6.00
7.00	OPERATION OF PLANT	579	5,473,650	7.00
8.00	LAUNDRY & LINEN SERVICE	0	212,262	8.00
9.00	HOUSEKEEPING	-33,118	5,033,466	9.00
10.00	DIETARY	0	636,427	10.00
11.00	CAFETERIA	-6,985,795	445,105	11.00
13.00	NURSING ADMINISTRATION	-83,102	6,219,495	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	4,755,114	14.00
15.00	PHARMACY	0	15,161,604	15.00
16.00	MEDICAL RECORDS & LIBRARY	-421	2,634,173	16.00
17.00	SOCIAL SERVICE	-4,322	1,734,345	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APRVD	-2,951,920	34,142,983	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-894,922	25,502,451	30.00
31.00	INTENSIVE CARE UNIT	-9,573	10,538,404	31.00
32.00	CORONARY CARE UNIT	-25,653	5,928,600	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	-96,377	20,453,668	35.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-243,291	14,888,782	50.00
51.00	RECOVERY ROOM	-125	3,098,941	51.00
53.00	ANESTHESIOLOGY	-4,188,608	92,007	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-33,002	3,529,393	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	935,398	55.00
57.00	CT SCAN	0	334,959	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	-575	945,060	58.00
59.00	CARDIAC CATHETERIZATION	133,879	1,806,117	59.00
60.00	LABORATORY	-1,375,290	13,297,910	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	-69,169	4,012,854	63.00
65.00	RESPIRATORY THERAPY	-7,743	5,868,406	65.00
66.00	PHYSICAL THERAPY	-52,667	3,340,157	66.00
67.00	OCCUPATIONAL THERAPY	0	1,156,798	67.00
68.00	SPEECH PATHOLOGY	-9,683	1,824,042	68.00
69.00	ELECTROCARDIOLOGY	0	1,759,728	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	648,046	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-300	11,179,801	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	8,791,982	72.00
73.00	DRUGS CHARGED TO PATIENTS	-269,559	12,023,532	73.00
74.00	RENAL DIALYSIS	-132,933	98,661	74.00
75.00	ASC (NON-DISTINCT PART)	-1,951	2,854,636	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-824,633	7,054,181	90.00
91.00	EMERGENCY	-1,502,672	8,534,918	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	120,625	94.00
95.00	AMBULANCE SERVICES	-355,953	3,111,265	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	155,979	105.00
106.00	HEART ACQUISITION	0	1,154,370	106.00
107.00	LIVER ACQUISITION	0	412,980	107.00
108.00	LUNG ACQUISITION	0	919,152	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	387,950	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-25,412,674	374,604,410	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,439	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	2,830,224	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-25,412,674	377,446,073	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTAL EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,940,000	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
TOTALS			0	2,940,000	
B - MALPRACTICE INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	171	1.00
TOTALS			0	171	
C - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	315,142	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	123,636	2.00
TOTALS			0	438,778	
D - AUTO INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,715	1.00
TOTALS			0	3,715	
E - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,888,384	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,013,928	2.00
TOTALS			0	2,902,312	
F - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,202,464	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,436,355	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

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:35 am

						Increases					
		Cost Center	Line #	Salary	Other						
		2.00	3.00	4.00	5.00						
30.00			0.00	0	0					30.00	
31.00			0.00	0	0					31.00	
32.00			0.00	0	0					32.00	
		TOTALS		0	26,638,819						
G - PHERESIS											
1.00		BLOOD STORING, PROCESSING & TRANS.	63.00	368,693	553,668					1.00	
		TOTALS		368,693	553,668						
H - INFECTION SURVEILLANCE											
1.00		INTENSIVE CARE UNIT	31.00	14,464	22,495					1.00	
2.00		CORONARY CARE UNIT	32.00	7,897	12,282					2.00	
3.00		NEONATAL INTENSIVE CARE UNIT	35.00	42,423	65,977					3.00	
		TOTALS		64,784	100,754						
I - LIBRARY											
1.00		INTENSIVE CARE UNIT	31.00	0	14,797					1.00	
2.00		CORONARY CARE UNIT	32.00	0	8,079					2.00	
3.00		NEONATAL INTENSIVE CARE UNIT	35.00	0	43,399					3.00	
		TOTALS		0	66,275						
J - CENTRAL SERVICE											
1.00		CENTRAL SERVICES & SUPPLY	14.00	763,125	3,991,989					1.00	
		TOTALS		763,125	3,991,989						
K - PHARMACY											
1.00		PHARMACY	15.00	6,118,728	9,042,876					1.00	
		TOTALS		6,118,728	9,042,876						
L - TEACHING SERVICE											
1.00		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	27,006,650					1.00	
		TOTALS		0	27,006,650						
M - TELEPHONE											
1.00		ADMINISTRATIVE & GENERAL	5.00	0	37,321					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	
		TOTALS		0	37,321						
N - DIETARY											
1.00		DIETARY	10.00	218,631	417,796					1.00	
		TOTALS		218,631	417,796						
O - MAINTENANCE											
1.00		ADMINISTRATIVE & GENERAL	5.00	688,743	398,760					1.00	
2.00			0.00	0	0					2.00	
		TOTALS		688,743	398,760						
P - PATIENT SERVICE SUPPLIES											
1.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,425,912					1.00	
2.00			0.00	0	0					2.00	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
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
TOTALS			0	13,425,912	
Q - BURN PATIENTS					
1.00	CLINIC	90.00	0	3,256	1.00
TOTALS			0	3,256	
R - EXTENDED RECOVERY					
1.00	RECOVERY ROOM	51.00	0	1,468,491	1.00
2.00	CLINIC	90.00	0	36,323	2.00
TOTALS			0	1,504,814	
S - INFUSION					
1.00	CLINIC	90.00	80,333	120,660	1.00
TOTALS			80,333	120,660	
T - FAMILY CENTER CARE					
1.00	INTENSIVE CARE UNIT	31.00	6,822	4,971	1.00
2.00	CORONARY CARE UNIT	32.00	3,725	2,714	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	20,009	14,579	3.00
TOTALS			30,556	22,264	
U - CAFETERIA DISCOUNT					
1.00	CAFETERIA	11.00	0	1,218,143	1.00
TOTALS			0	1,218,143	
W - EPOIETIN					
1.00	RENAL DIALYSIS	74.00	0	49,752	1.00
TOTALS			0	49,752	
X - PATIENT BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	154,363	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	154,363	
Y - AFFILIATE BILLING					
1.00	OPERATING ROOM	50.00	0	117,960	1.00
2.00	RECOVERY ROOM	51.00	0	1,906	2.00
3.00	ANESTHESIOLOGY	53.00	0	28,004	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,353	4.00
5.00	RESPIRATORY THERAPY	65.00	0	790	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	1,323	6.00
TOTALS			0	222,336	
Z - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,791,982	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
TOTALS			0	8,791,982	
AB - HEART LUNG TRANSPLANT					
1.00	LUNG ACQUISITION	108.00	0	36,204	1.00
TOTALS			0	36,204	
500.00	Grand Total: Increases		8,333,593	100,089,570	500.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RENTAL EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	2,503	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	105,508	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	11,843	0		3.00
4.00	OPERATION OF PLANT	7.00	0	48	0		4.00
5.00	HOUSEKEEPING	9.00	0	85	0		5.00
6.00	CAFETERIA	11.00	0	8,567	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	25,062	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,825	0		8.00
9.00	SOCIAL SERVICE	17.00	0	3,261	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	7,370	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	25,970	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	26,995	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	25,903	0		13.00
14.00	OPERATING ROOM	50.00	0	43,986	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,067	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,814	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	413	0		17.00
18.00	LABORATORY	60.00	0	11,422	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	32,331	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	11,262	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	3,127	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	438	0		22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,045,730	0		23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	496,176	0		24.00
25.00	ASC (NON-DISTINCT PART)	75.00	0	2,744	0		25.00
26.00	CLINIC	90.00	0	20,343	0		26.00
27.00	EMERGENCY	91.00	0	11,020	0		27.00
28.00	AMBULANCE SERVICES	95.00	0	187	0		28.00
	TOTALS		0	2,940,000			
B - MALPRACTICE INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	171	0		1.00
	TOTALS		0	171			
C - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	438,778	10		1.00
2.00		0.00	0	0	10		2.00
	TOTALS		0	438,778			
D - AUTO INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	3,715	9		1.00
	TOTALS		0	3,715			
E - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,902,312	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,902,312			
F - DEPRECIATION							
1.00	MAINTENANCE & REPAIRS	6.00	0	659,282	9		1.00
2.00	OPERATION OF PLANT	7.00	0	509	9		2.00
3.00	CAFETERIA	11.00	0	57,562	9		3.00
4.00	NURSING ADMINISTRATION	13.00	0	64,164	9		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	6,546	9		5.00
6.00	SOCIAL SERVICE	17.00	0	9,228	9		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,562	9		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	589,473	9		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	302,804	0		9.00
10.00	CORONARY CARE UNIT	32.00	0	26,257	9		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	627,178	9		11.00
12.00	OPERATING ROOM	50.00	0	964,549	9		12.00
13.00	ANESTHESIOLOGY	53.00	0	1,527,893	9		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	584	9		14.00
15.00	CT SCAN	57.00	0	16,500	9		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,685	9		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	127,738	9		17.00
18.00	LABORATORY	60.00	0	315,341	9		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	7,602	9		19.00
20.00	RESPIRATORY THERAPY	65.00	0	203,299	9		20.00
21.00	PHYSICAL THERAPY	66.00	0	54,464	9		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	294	9		22.00
23.00	SPEECH PATHOLOGY	68.00	0	48,852	9		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,027	9		24.00

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	72,558	9	25.00
26.00	DRUGS CHARGED TO PATIENTS	73.00	0	53,948	9	26.00
27.00	RENAL DIALYSIS	74.00	0	42,218	9	27.00
28.00	ASC (NON-DISTINCT PART)	75.00	0	4,852	9	28.00
29.00	CLINIC	90.00	0	229,291	9	29.00
30.00	EMERGENCY	91.00	0	135,863	9	30.00
31.00	AMBULANCE SERVICES	95.00	0	147,274	9	31.00
32.00	ADMINISTRATIVE & GENERAL	5.00	0	20,286,422	9	32.00
	TOTALS		0	26,638,819		
G - PHERESIS						
1.00	RENAL DIALYSIS	74.00	368,693	553,668	0	1.00
	TOTALS		368,693	553,668		
H - INFECTION SURVEILLANCE						
1.00	ADULTS & PEDIATRICS	30.00	64,784	100,754	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		64,784	100,754		
I - LIBRARY						
1.00	ADULTS & PEDIATRICS	30.00	0	66,275	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	66,275		
J - CENTRAL SERVICE						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	763,125	3,991,989	0	1.00
	TOTALS		763,125	3,991,989		
K - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	6,118,728	9,042,876	0	1.00
	TOTALS		6,118,728	9,042,876		
L - TEACHING SERVICE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,006,650	0	1.00
	TOTALS		0	27,006,650		
M - TELEPHONE						
1.00	EMPLOYEE BENEFITS	4.00	0	162	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	151	0	2.00
3.00	OPERATION OF PLANT	7.00	0	92	0	3.00
4.00	HOUSEKEEPING	9.00	0	45	0	4.00
5.00	CAFETERIA	11.00	0	304	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,523	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,266	0	7.00
8.00	SOCIAL SERVICE	17.00	0	858	0	8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	0	1,214	0	9.00
	COSTS APPRVD					
10.00	ADULTS & PEDIATRICS	30.00	0	2,663	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	394	0	11.00
12.00	CORONARY CARE UNIT	32.00	0	317	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	1,778	0	13.00
14.00	OPERATING ROOM	50.00	0	558	0	14.00
15.00	RECOVERY ROOM	51.00	0	166	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	357	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	10	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	91	0	18.00
19.00	LABORATORY	60.00	0	218	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	33	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	53	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	1,264	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	1	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	381	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	75	0	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	36	0	26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	405	0	27.00
28.00	RENAL DIALYSIS	74.00	0	118	0	28.00
29.00	ASC (NON-DISTINCT PART)	75.00	0	2,046	0	29.00
30.00	CLINIC	90.00	0	2,876	0	30.00
31.00	EMERGENCY	91.00	0	1,394	0	31.00
32.00	AMBULANCE SERVICES	95.00	0	869	0	32.00
33.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	7,603	0	33.00
	TOTALS		0	37,321		

RECLASSIFICATIONS

Provider CCN: 263301

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
N - DIETARY							
1.00	CAFETERIA	11.00	218,631	417,796	0		1.00
	TOTALS		218,631	417,796			
O - MAINTENANCE							
1.00	MAINTENANCE & REPAIRS	6.00	116,579	398,760	0		1.00
2.00	OPERATION OF PLANT	7.00	572,164	0	0		2.00
	TOTALS		688,743	398,760			
P - PATIENT SERVICE SUPPLIES							
1.00	ADULTS & PEDIATRICS	30.00	0	727,151	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	46,746	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	174,668	0		3.00
4.00	OPERATING ROOM	50.00	0	6,531,186	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	1,651,145	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	184,424	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,108,035	0		7.00
8.00	LABORATORY	60.00	0	129,377	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	1,990,160	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	131,409	0		10.00
11.00	RENAL DIALYSIS	74.00	0	298	0		11.00
12.00	ASC (NON-DISTINCT PART)	75.00	0	349	0		12.00
13.00	CLINIC	90.00	0	750,964	0		13.00
	TOTALS		0	13,425,912			
Q - BURN PATIENTS							
1.00	ADULTS & PEDIATRICS	30.00	0	3,256	0		1.00
	TOTALS		0	3,256			
R - EXTENDED RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	0	1,504,814	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,504,814			
S - INFUSION							
1.00	RENAL DIALYSIS	74.00	80,333	120,660	0		1.00
	TOTALS		80,333	120,660			
T - FAMILY CENTER CARE							
1.00	ADMINISTRATIVE & GENERAL	5.00	30,556	22,264	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		30,556	22,264			
U - CAFETERIA DISCOUNT							
1.00	EMPLOYEE BENEFITS	4.00	0	1,218,143	0		1.00
	TOTALS		0	1,218,143			
W - EPOIETIN							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	49,752	0		1.00
	TOTALS		0	49,752			
X - PATIENT BILLABLE DRUGS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	59,523	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	24,244	0		2.00
3.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	70,596	0		3.00
	TOTALS		0	154,363			
Y - AFFILIATE BILLING							
1.00	LABORATORY	60.00	0	222,336	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	222,336			
Z - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,649,960	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	68	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,287	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	832,048	0		4.00
5.00	LABORATORY	60.00	0	96,846	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	728	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	200,045	0		7.00
	TOTALS		0	8,791,982			
AB - HEART LUNG TRANSPLANT							
1.00	HEART ACQUISITION	106.00	0	36,204	0		1.00
	TOTALS		0	36,204			
500.00	Grand Total: Decreases		8,333,593	100,089,570			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,508,366	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	108,411,481	487,792	0	487,792	3.00
4.00	Building Improvements	238,443,923	27,424,388	0	27,424,388	4.00
5.00	Fixed Equipment	74,154,613	19,020,292	0	19,020,292	5.00
6.00	Movable Equipment	92,000,230	7,652,770	0	7,652,770	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	519,518,613	54,585,242	0	54,585,242	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	519,518,613	54,585,242	0	54,585,242	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,508,366	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	108,899,273	0		3.00		
4.00	Building Improvements	306,984,805	0		4.00		
5.00	Fixed Equipment	93,988,715	0		5.00		
6.00	Movable Equipment	109,251,774	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	625,632,933	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	625,632,933	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0	0	12,202,464	315,142	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,436,355	3,063,636	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,638,819	3,378,778	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 263301

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/29/2012 8:35 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	CAP REL COSTS-BLDG & FIXT	0	0	0	1,181,080	13,698,686	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,007,006	18,506,997	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,188,086	32,205,683	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,888,384	CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,013,928	CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		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	-12,105,755				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,936,808				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-6,939,513	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	B	-44,932	CAFETERIA		11.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP 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		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 NON PATIENT CARE	B	-2,164	ADMINISTRATIVE & GENERAL		5.00	33.00
34.00 OTHER OPERATING REVENUE	B	-4,266,046	ADMINISTRATIVE & GENERAL		5.00	34.00
34.01 OTHER OPERATING REVENUE	B	-33,118	HOUSEKEEPING		9.00	34.01
34.02 OTHER OPERATING REVENUE	B	-77,662	NURSING ADMINISTRATIVE		13.00	34.02
34.03 OTHER OPERATING REVENUE	B	-2,982	SOCIAL SERVICE		17.00	34.03
34.04 OTHER OPERATING REVENUE	B	-566,327	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	34.04
34.05 OTHER OPERATING REVENUE	B	-111,034	ADULTS & PEDIATRICS		30.00	34.05
34.06 OTHER OPERATING REVENUE	B	-4,735	INTENSIVE CARE UNIT		31.00	34.06
34.07 OTHER OPERATING REVENUE	B	-21,584	CORONARY CARE UNIT		32.00	34.07
34.08 OTHER OPERATING REVENUE	B	-63,672	NEONATAL INTENSIVE CARE UNIT		35.00	34.08
34.09 OTHER OPERATING REVENUE	B	-550	OPERATING ROOM		50.00	34.09
34.10 OTHER OPERATING REVENUE	B	-26,863	RADIOLOGY-DIAGNOSTIC		54.00	34.10
34.11 OTHER OPERATING REVENUE	B	-14,998	CARDIAC CATHETERIZATION		59.00	34.11
34.12 OTHER OPERATING REVENUE	B	-3,000	BLOOD STORAGE, PROCESSING & TRANS.		63.00	34.12
34.13 OTHER OPERATING REVENUE	B	-5,272	RESPIRATORY THERAPY		65.00	34.13
34.14 OTHER OPERATING REVENUE	B	-50,781	PHYSICAL THERAPY		66.00	34.14
34.15 OTHER OPERATING REVENUE	B	-9,675	SPEECH PATHOLOGY		68.00	34.15
34.16 OTHER OPERATING REVENUE	B	-268,075	DRUGS CHARGED TO PATIENTS		73.00	34.16
34.17 OTHER OPERATING REVENUE	B	-812	RENAL DIALYSIS		74.00	34.17
34.18 OTHER OPERATING REVENUE	B	-601	ASC (NON-DIAGNOSTIC PART)		75.00	34.18

Provider CCN: 263301 Period: From 01/01/2011 To 12/31/2011 Worksheet A-8
 Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
34.19 OTHER OPERATING REVENUE	B	-179,326	CLINIC	90.00 34.19
34.20 OTHER OPERATING REVENUE	B	-5,800	EMERGENCY	91.00 34.20
34.21 OTHER OPERATING REVENUE	B	-58,470	AMBULANCE SERVICES	95.00 34.21
35.00 ENTERTAINMENT EXPENSE	B	-2,590	EMPLOYEE BENEFITS	4.00 35.00
35.01 ENTERTAINMENT EXPENSE	B	-468,560	ADMINISTRATIVE & GENERAL	5.00 35.01
35.02 ENTERTAINMENT EXPENSE	B	-534	MAINTENANCE & REPAIRS	6.00 35.02
35.03 ENTERTAINMENT EXPENSE	B	579	OPERATION OF PLANT	7.00 35.03
35.04 ENTERTAINMENT EXPENSE	B	-1,350	CAFETERIA	11.00 35.04
35.05 ENTERTAINMENT EXPENSE	B	-5,440	NURSING ADMINISTRATION	13.00 35.05
35.06 ENTERTAINMENT EXPENSE	B	-421	MEDICAL RECORDS & LIBRARY	16.00 35.06
35.07 ENTERTAINMENT EXPENSE	B	-1,340	SOCIAL SERVICE	17.00 35.07
35.08 ENTERTAINMENT EXPENSE	B	-43,904	ADULTS & PEDIATRICS	30.00 35.08
35.09 ENTERTAINMENT EXPENSE	B	-4,838	INTENSIVE CARE UNIT	31.00 35.09
35.10 ENTERTAINMENT EXPENSE	B	-4,069	CORONARY CARE UNIT	32.00 35.10
35.11 ENTERTAINMENT EXPENSE	B	-13,495	NEONATAL INTENSIVE CARE UNIT	35.00 35.11
35.12 ENTERTAINMENT EXPENSE	B	-125	RECOVERY ROOM	51.00 35.12
35.13 ENTERTAINMENT EXPENSE	B	-421	RADIOLOGY-DIAGNOSTIC	54.00 35.13
35.14 ENTERTAINMENT EXPENSE	B	-575	MAGNETIC RESONANCE IMAGING (MRI)	58.00 35.14
35.15 ENTERTAINMENT EXPENSE	B	-2,423	LABORATORY	60.00 35.15
35.16 ENTERTAINMENT EXPENSE	B	-2,471	RESPIRATORY THERAPY	65.00 35.16
35.17 ENTERTAINMENT EXPENSE	B	-1,886	PHYSICAL THERAPY	66.00 35.17
35.18 ENTERTAINMENT EXPENSE	B	-8	SPEECH PATHOLOGY	68.00 35.18
35.19 ENTERTAINMENT EXPENSE	B	-300	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 35.19
35.20 ENTERTAINMENT EXPENSE	B	-1,484	DRUGS CHARGED TO PATIENTS	73.00 35.20
35.21 ENTERTAINMENT EXPENSE	B	-300	RENAL DIALYSIS	74.00 35.21
35.22 ENTERTAINMENT EXPENSE	B	-1,350	ASC (NON-DISTINCT PART)	75.00 35.22
35.23 ENTERTAINMENT EXPENSE	B	-4,486	CLINIC	90.00 35.23
35.24 ENTERTAINMENT EXPENSE	B	-14,477	EMERGENCY	91.00 35.24
35.25 ENTERTAINMENT EXPENSE	B	-19,448	AMBULANCE SERVICES	95.00 35.25
36.00 BAD DEBT PSYCHOLOGY	A	-24,060	CLINIC	90.00 36.00
36.01 BAD DEBT	A	-5,858,290	ADMINISTRATIVE & GENERAL	5.00 36.01
37.00 FRA	A	23,111,101	ADMINISTRATIVE & GENERAL	5.00 37.00
38.00 PENSION EXPENSE	B	-6,892	ADMINISTRATIVE & GENERAL	5.00 38.00
39.00 MALPRACTICE	B	-821,440	ADMINISTRATIVE & GENERAL	5.00 39.00
40.00 CONTRIBUTIONS	B	-14,747,581	ADMINISTRATIVE & GENERAL	5.00 40.00
41.00 LOBBYING	B	-96,540	ADMINISTRATIVE & GENERAL	5.00 41.00
42.00 ADVERTISING	B	-1,544,005	ADMINISTRATIVE & GENERAL	5.00 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,412,674		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - 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 - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	NON PATIENT CARE	0	33.00
34.00	OTHER OPERATING REVENUE	0	34.00
34.01	OTHER OPERATING REVENUE	0	34.01
34.02	OTHER OPERATING REVENUE	0	34.02
34.03	OTHER OPERATING REVENUE	0	34.03
34.04	OTHER OPERATING REVENUE	0	34.04
34.05	OTHER OPERATING REVENUE	0	34.05
34.06	OTHER OPERATING REVENUE	0	34.06
34.07	OTHER OPERATING REVENUE	0	34.07
34.08	OTHER OPERATING REVENUE	0	34.08
34.09	OTHER OPERATING REVENUE	0	34.09
34.10	OTHER OPERATING REVENUE	0	34.10
34.11	OTHER OPERATING REVENUE	0	34.11
34.12	OTHER OPERATING REVENUE	0	34.12
34.13	OTHER OPERATING REVENUE	0	34.13
34.14	OTHER OPERATING REVENUE	0	34.14
34.15	OTHER OPERATING REVENUE	0	34.15
34.16	OTHER OPERATING REVENUE	0	34.16
34.17	OTHER OPERATING REVENUE	0	34.17
34.18	OTHER OPERATING REVENUE	0	34.18
34.19	OTHER OPERATING REVENUE	0	34.19
34.20	OTHER OPERATING REVENUE	0	34.20
34.21	OTHER OPERATING REVENUE	0	34.21
35.00	ENTERTAINMENT EXPENSE	0	35.00
35.01	ENTERTAINMENT EXPENSE	0	35.01
35.02	ENTERTAINMENT EXPENSE	0	35.02
35.03	ENTERTAINMENT EXPENSE	0	35.03
35.04	ENTERTAINMENT EXPENSE	0	35.04

ADJUSTMENTS TO EXPENSES

Provider CCN: 263301

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
35.05	ENTERTAINMENT EXPENSE	0	35.05
35.06	ENTERTAINMENT EXPENSE	0	35.06
35.07	ENTERTAINMENT EXPENSE	0	35.07
35.08	ENTERTAINMENT EXPENSE	0	35.08
35.09	ENTERTAINMENT EXPENSE	0	35.09
35.10	ENTERTAINMENT EXPENSE	0	35.10
35.11	ENTERTAINMENT EXPENSE	0	35.11
35.12	ENTERTAINMENT EXPENSE	0	35.12
35.13	ENTERTAINMENT EXPENSE	0	35.13
35.14	ENTERTAINMENT EXPENSE	0	35.14
35.15	ENTERTAINMENT EXPENSE	0	35.15
35.16	ENTERTAINMENT EXPENSE	0	35.16
35.17	ENTERTAINMENT EXPENSE	0	35.17
35.18	ENTERTAINMENT EXPENSE	0	35.18
35.19	ENTERTAINMENT EXPENSE	0	35.19
35.20	ENTERTAINMENT EXPENSE	0	35.20
35.21	ENTERTAINMENT EXPENSE	0	35.21
35.22	ENTERTAINMENT EXPENSE	0	35.22
35.23	ENTERTAINMENT EXPENSE	0	35.23
35.24	ENTERTAINMENT EXPENSE	0	35.24
35.25	ENTERTAINMENT EXPENSE	0	35.25
36.00	BAD DEBT PSYCHOLOGY	0	36.00
36.01	BAD DEBT	0	36.01
37.00	FRA	0	37.00
38.00	PENSION EXPENSE	0	38.00
39.00	MALPRACTICE	0	39.00
40.00	CONTRIBUTIONS	0	40.00
41.00	LOBBYING	0	41.00
42.00	ADVERTISING	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:35 am

	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	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	2.00
3.00	4.00	EMPLOYEE BENEFITS	SALARY	3.00
4.00	4.00	EMPLOYEE BENEFITS	OTHER EXPENSE	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	SALARY	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	OTHER EXPENSE	4.02
4.03	50.00	OPERATING ROOM	LI THOTRI PSY	4.03
4.04	59.00	CARDIAC CATHETERIZATION	AFFILIATE BILLING	4.04
4.05	60.00	LABORATORY	AFFILIATE BILLING	4.05
4.06	63.00	BLOOD STORING, PROCESSING & TRANS.	AFFILIATE BILLING	4.06
4.07	0.00			4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	B		0.00	6.00
7.00	G	JOINT VENTURE	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.

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

Provider CCN: 263301

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:35 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,181,080	0	1,181,080	14	1.00
2.00	1,007,006	0	1,007,006	14	2.00
3.00	559,461	0	559,461	0	3.00
4.00	3,117,241	0	3,117,241	0	4.00
4.01	12,267,336	307,961	11,959,375	0	4.01
4.02	13,497,363	27,771,404	-14,274,041	0	4.02
4.03	14,519	28,446	-13,927	0	4.03
4.04	680,875	531,998	148,877	0	4.04
4.05	1,061,861	1,743,956	-682,095	0	4.05
4.06	71,958	138,127	-66,169	0	4.06
4.07	0	0	0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	33,458,700	30,521,892	2,936,808	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		BJC HEALTHCARE	0.00	HEALTH CARE	6.00
7.00		TELEPHONE FAC	0.00	COMMUNICATIONS	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 BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:35 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	58,143	58,143	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	202,752	202,752	2.00
3.00	5.00	DR. A	1,217,749	0	3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,385,593	2,385,593	4.00
5.00	30.00	ADULTS & PEDIATRICS	739,984	739,984	5.00
6.00	35.00	NEONATAL INTENSIVE CARE UNIT	19,210	19,210	6.00
7.00	50.00	OPERATING ROOM	228,814	228,814	7.00
8.00	53.00	ANESTHESIOLOGY	4,188,608	4,188,608	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	5,718	5,718	9.00
10.00	60.00	LABORATORY	690,772	690,772	10.00
11.00	74.00	RENAL DIALYSIS	131,821	131,821	11.00
12.00	90.00	CLINIC	616,761	616,761	12.00
13.00	91.00	EMERGENCY	1,482,395	1,482,395	13.00
14.00	95.00	AMBULANCE SERVICES	278,035	278,035	14.00
200.00			12,246,355	11,028,606	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263301

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	1,217,749	140,600	2,080	140,600	7,030	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	1,217,749		2,080	140,600	7,030	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:35 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	140,600	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	140,600	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 263301

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:35 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	58,143	1.00
2.00	0	202,752	2.00
3.00	1,077,149	1,077,149	3.00
4.00	0	2,385,593	4.00
5.00	0	739,984	5.00
6.00	0	19,210	6.00
7.00	0	228,814	7.00
8.00	0	4,188,608	8.00
9.00	0	5,718	9.00
10.00	0	690,772	10.00
11.00	0	131,821	11.00
12.00	0	616,761	12.00
13.00	0	1,482,395	13.00
14.00	0	278,035	14.00
200.00	1,077,149	12,105,755	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	13,698,686	13,698,686			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	18,506,997		18,506,997		2.00
4.00	EMPLOYEE BENEFITS	7,149,743	24,896	33,634	7,208,273	4.00
5.00	ADMINISTRATIVE & GENERAL	81,093,141	5,195,334	7,018,920	1,528,325	94,835,720
6.00	MAINTENANCE & REPAIRS	945,466	12,713	17,176	10,720	986,075
7.00	OPERATION OF PLANT	5,473,650	239,768	323,928	52,611	6,089,957
8.00	LAUNDRY & LINEN SERVICE	212,262	44,358	59,928	0	316,548
9.00	HOUSEKEEPING	5,033,466	107,351	145,032	144,549	5,430,398
10.00	DIETARY	636,427	175,438	237,018	7,984	1,056,867
11.00	CAFETERIA	445,105	329,631	445,333	108,550	1,328,619
13.00	NURSING ADMINISTRATION	6,219,495	69,679	94,136	223,830	6,607,140
14.00	CENTRAL SERVICES & SUPPLY	4,755,114	0	0	37,747	4,792,861
15.00	PHARMACY	15,161,604	0	0	302,657	15,464,261
16.00	MEDICAL RECORDS & LIBRARY	2,634,173	126,092	170,351	88,089	3,018,705
17.00	SOCIAL SERVICE	1,734,345	112,530	152,029	62,167	2,061,071
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	34,142,983	82,158	110,996	294,561	34,630,698
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,502,451	1,999,794	2,701,733	915,824	31,119,802
31.00	INTENSIVE CARE UNIT	10,538,404	269,715	364,387	356,249	11,528,755
32.00	CORONARY CARE UNIT	5,928,600	369,468	499,154	190,950	6,988,172
35.00	NEONATAL INTENSIVE CARE UNIT	20,453,668	653,468	882,838	736,554	22,726,528
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,888,782	547,453	739,612	349,744	16,525,591
51.00	RECOVERY ROOM	3,098,941	86,679	117,104	60,489	3,363,213
53.00	ANESTHESIOLOGY	92,007	0	0	13,933	105,940
54.00	RADIOLOGY-DIAGNOSTIC	3,529,393	212,219	286,709	138,020	4,166,341
55.00	RADIOLOGY-THERAPEUTIC	935,398	48,200	65,118	19,831	1,068,547
57.00	CT SCAN	334,959	11,758	15,885	3,024	365,626
58.00	MAGNETIC RESONANCE IMAGING (MRI)	945,060	40,962	55,340	24,722	1,066,084
59.00	CARDIAC CATHETERIZATION	1,806,117	92,516	124,989	38,497	2,062,119
60.00	LABORATORY	13,297,910	259,910	351,140	217,586	14,126,546
63.00	BLOOD STORING, PROCESSING & TRANS.	4,012,854	17,998	24,315	40,540	4,095,707
65.00	RESPIRATORY THERAPY	5,868,406	74,581	100,760	175,479	6,219,226
66.00	PHYSICAL THERAPY	3,340,157	297,710	402,208	123,234	4,163,309
67.00	OCCUPATIONAL THERAPY	1,156,798	0	0	43,087	1,199,885
68.00	SPEECH PATHOLOGY	1,824,042	64,818	87,570	65,165	2,041,595
69.00	ELECTROCARDIOLOGY	1,759,728	0	0	17,160	1,776,888
70.00	ELECTROENCEPHALOGRAPHY	648,046	35,550	48,029	0	731,625
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,179,801	276,040	372,932	0	11,828,773
72.00	IMPL. DEV. CHARGED TO PATIENTS	8,791,982	0	0	0	8,791,982
73.00	DRUGS CHARGED TO PATIENTS	12,023,532	137,914	186,322	0	12,347,768
74.00	RENAL DIALYSIS	98,661	66,283	89,548	4,440	258,932
75.00	ASC (NON-DISTINCT PART)	2,854,636	436,685	589,964	104,873	3,986,158
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	7,054,181	632,201	854,107	235,322	8,775,811
91.00	EMERGENCY	8,534,918	363,271	490,781	277,595	9,666,565
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	120,625	0	0	0	120,625
95.00	AMBULANCE SERVICES	3,111,265	29,204	39,455	123,095	3,303,019
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	155,979	0	0	0	155,979
106.00	HEART ACQUISITION	1,154,370	0	0	0	1,154,370
107.00	LIVER ACQUISITION	412,980	0	0	0	412,980
108.00	LUNG ACQUISITION	919,152	0	0	0	919,152
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	387,950	0	0	0	387,950
118.00	SUBTOTALS (SUM OF LINES 1-117)	374,604,410	13,544,345	18,298,481	7,137,203	374,170,483
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,948	28,301	0	49,249
192.00	PHYSICIANS' PRIVATE OFFICES	11,439	0	0	0	11,439
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,830,224	133,393	180,215	71,070	3,214,902
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	377,446,073	13,698,686	18,506,997	7,208,273	377,446,073

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B Part I Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	94,835,720					5.00
6.00	MAINTENANCE & REPAIRS	330,898	1,316,973				6.00
7.00	OPERATION OF PLANT	2,043,613	37,300	8,170,870			7.00
8.00	LAUNDRY & LINEN SERVICE	106,224	6,901	44,061	473,734		8.00
9.00	HOUSEKEEPING	1,822,284	16,700	106,632	0	7,376,014	9.00
10.00	DIETARY	354,654	27,292	174,263	0	160,266	10.00
11.00	CAFETERIA	445,846	51,279	327,423	0	301,125	11.00
13.00	NURSING ADMINISTRATION	2,217,165	10,840	69,212	0	63,653	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,608,345	0	0	0	0	14.00
15.00	PHARMACY	5,189,358	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,012,990	19,616	125,247	0	115,188	16.00
17.00	SOCIAL SERVICE	691,636	17,506	111,776	0	102,798	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	11,620,939	12,781	81,608	0	75,053	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,442,903	311,098	1,986,396	211,079	1,826,854	30.00
31.00	INTENSIVE CARE UNIT	3,868,716	41,958	267,908	15,971	246,391	31.00
32.00	CORONARY CARE UNIT	2,345,028	57,476	366,993	137	337,517	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	7,626,364	101,657	649,090	50,695	596,956	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,545,509	85,165	543,786	29,927	500,110	50.00
51.00	RECOVERY ROOM	1,128,597	13,484	86,098	13,029	79,183	51.00
53.00	ANESTHESIOLOGY	35,550	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,398,103	33,014	210,798	17,302	193,867	54.00
55.00	RADIOLOGY-THERAPEUTIC	358,573	7,498	47,877	1,707	44,032	55.00
57.00	CT SCAN	122,693	11,829	11,679	32,315	10,741	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	357,747	6,372	40,688	8,523	37,420	58.00
59.00	CARDIAC CATHETERIZATION	691,987	14,392	91,896	13,901	84,515	59.00
60.00	LABORATORY	4,740,459	40,433	258,169	0	237,433	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,374,400	2,800	17,877	0	16,442	63.00
65.00	RESPIRATORY THERAPY	2,086,992	11,602	74,082	0	68,132	65.00
66.00	PHYSICAL THERAPY	1,397,086	46,313	295,715	0	271,964	66.00
67.00	OCCUPATIONAL THERAPY	402,647	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	685,100	10,083	64,384	0	59,213	68.00
69.00	ELECTROCARDIOLOGY	596,272	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	245,512	5,530	35,312	0	32,476	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,969,393	42,942	274,191	0	252,168	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,950,334	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,143,553	21,455	136,990	0	125,987	73.00
74.00	RENAL DIALYSIS	86,890	10,311	65,839	0	60,551	74.00
75.00	ASC (NON-DISTINCT PART)	1,337,639	67,933	433,760	24,586	398,921	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,944,908	98,348	627,966	17,299	577,529	90.00
91.00	EMERGENCY	3,243,819	56,512	360,837	37,263	331,856	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	40,478	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	1,108,397	4,543	29,009	0	26,679	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	52,342	0	0	0	0	105.00
106.00	HEART ACQUISITION	387,373	0	0	0	0	106.00
107.00	LIVER ACQUISITION	138,584	0	0	0	0	107.00
108.00	LUNG ACQUISITION	308,441	0	0	0	0	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	130,185	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	93,736,526	1,292,963	8,017,562	473,734	7,235,020	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,527	3,259	20,808	0	19,137	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,839	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,078,828	20,751	132,500	0	121,857	194.00
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)	94,835,720	1,316,973	8,170,870	473,734	7,376,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,773,342					10.00
11.00 CAFETERIA	1,206,174	3,660,466				11.00
13.00 NURSING ADMINISTRATION	0	119,085	9,087,095			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	6,401,206		14.00
15.00 PHARMACY	0	0	0	0	20,653,619	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	84,891	6,430	0	0	16.00
17.00 SOCIAL SERVICE	0	44,818	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	229,951	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	93,215	754,396	2,699,776	0	0	30.00
31.00 INTENSIVE CARE UNIT	18,297	243,625	1,100,504	0	0	31.00
32.00 CORONARY CARE UNIT	9,990	126,853	668,933	0	0	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	0	455,055	1,929,736	0	0	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	193,094	833,798	0	0	50.00
51.00 RECOVERY ROOM	0	34,108	166,363	0	0	51.00
53.00 ANESTHESIOLOGY	0	16,571	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	103,998	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	12,032	31,869	0	0	55.00
57.00 CT SCAN	0	1,894	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	16,717	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	22,226	80,673	0	0	59.00
60.00 LABORATORY	0	161,676	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	14,386	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	124,234	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	87,288	34,191	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	27,413	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	43,140	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	15,758	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,857	0	6,401,206	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	156,385	0	0	20,627,361	73.00
74.00 RENAL DIALYSIS	0	17,083	67,290	0	26,258	74.00
75.00 ASC (NON-DISTINCT PART)	0	58,894	225,208	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	150,434	226,248	0	0	90.00
91.00 EMERGENCY	0	184,494	612,488	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	72,196	300,099	0	0	95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,327,676	3,616,552	8,983,606	6,401,206	20,653,619	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	445,666	43,914	103,489	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,773,342	3,660,466	9,087,095	6,401,206	20,653,619	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
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
13.00						13.00
14.00						14.00
15.00						15.00
16.00	4,383,067					16.00
17.00	0	3,029,605				17.00
22.00	0	0	46,651,030			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	316,426	1,200,742	11,061,122	62,023,809	-11,061,122	30.00
31.00	62,125	235,739	3,572,083	21,202,072	-3,572,083	31.00
32.00	33,916	128,603	1,859,949	12,923,567	-1,859,949	32.00
35.00	182,188	691,359	6,672,110	41,681,738	-6,672,110	35.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	0	2,831,185	27,088,165	-2,831,185	50.00
51.00	0	0	500,101	5,384,176	-500,101	51.00
53.00	0	0	242,961	401,022	-242,961	53.00
54.00	0	0	1,524,840	7,648,263	-1,524,840	54.00
55.00	0	0	176,412	1,748,547	-176,412	55.00
57.00	0	0	27,763	574,540	-27,763	57.00
58.00	0	0	245,112	1,778,663	-245,112	58.00
59.00	0	0	325,882	3,387,591	-325,882	59.00
60.00	0	0	2,370,521	21,935,237	-2,370,521	60.00
63.00	0	0	210,925	5,732,537	-210,925	63.00
65.00	0	0	1,821,545	10,405,813	-1,821,545	65.00
66.00	0	0	1,279,827	7,575,693	-1,279,827	66.00
67.00	0	0	401,940	2,031,885	-401,940	67.00
68.00	0	0	632,520	3,536,035	-632,520	68.00
69.00	0	0	0	2,373,160	0	69.00
70.00	0	0	231,047	1,297,260	-231,047	70.00
71.00	0	0	643,034	23,455,564	-643,034	71.00
72.00	0	0	0	11,742,316	0	72.00
73.00	0	0	2,292,949	39,852,448	-2,292,949	73.00
74.00	0	0	250,475	843,629	-274,479	74.00
75.00	66,120	37,711	863,510	7,500,440	-863,510	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	2,530,889	500,099	2,205,698	18,655,229	-2,205,698	90.00
91.00	1,191,403	235,352	2,705,092	18,625,681	-2,705,092	91.00
92.00					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	161,103	0	94.00
95.00	0	0	1,058,558	5,902,500	-1,058,558	95.00
98.00	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	0	0	0	208,321	0	105.00
106.00	0	0	0	1,541,743	0	106.00
107.00	0	0	0	551,564	0	107.00
108.00	0	0	0	1,227,593	0	108.00
112.00	0	0	0	518,135	0	112.00
118.00	4,383,067	3,029,605	46,007,161	371,516,039	-46,031,165	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	108,980	0	190.00
192.00	0	0	0	15,278	0	192.00
194.00	0	0	643,869	5,805,776	-643,869	194.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	4,383,067	3,029,605	46,651,030	377,446,073	-46,675,034	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 263301

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	50,962,687	30.00
31.00	INTENSIVE CARE UNIT	17,629,989	31.00
32.00	CORONARY CARE UNIT	11,063,618	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	35,009,628	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	24,256,980	50.00
51.00	RECOVERY ROOM	4,884,075	51.00
53.00	ANESTHESIOLOGY	158,061	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,123,423	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,572,135	55.00
57.00	CT SCAN	546,777	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,533,551	58.00
59.00	CARDIAC CATHETERIZATION	3,061,709	59.00
60.00	LABORATORY	19,564,716	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	5,521,612	63.00
65.00	RESPIRATORY THERAPY	8,584,268	65.00
66.00	PHYSICAL THERAPY	6,295,866	66.00
67.00	OCCUPATIONAL THERAPY	1,629,945	67.00
68.00	SPEECH PATHOLOGY	2,903,515	68.00
69.00	ELECTROCARDIOLOGY	2,373,160	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,066,213	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,812,530	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	11,742,316	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,559,499	73.00
74.00	RENAL DIALYSIS	569,150	74.00
75.00	ASC (NON-DISTINCT PART)	6,636,930	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	16,449,531	90.00
91.00	EMERGENCY	15,920,589	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	161,103	94.00
95.00	AMBULANCE SERVICES	4,843,942	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	208,321	105.00
106.00	HEART ACQUISITION	1,541,743	106.00
107.00	LIVER ACQUISITION	551,564	107.00
108.00	LUNG ACQUISITION	1,227,593	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	518,135	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	325,484,874	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	108,980	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	15,278	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	5,161,907	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	330,771,039	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	3,381	24,896	33,634	61,911	61,911 4.00
5.00	ADMINISTRATIVE & GENERAL	3,503,807	5,195,334	7,018,920	15,718,061	13,107 5.00
6.00	MAINTENANCE & REPAIRS	2,636	12,713	17,176	32,525	92 6.00
7.00	OPERATION OF PLANT	12,162	239,768	323,928	575,858	452 7.00
8.00	LAUNDRY & LINEN SERVICE	81	44,358	59,928	104,367	0 8.00
9.00	HOUSEKEEPING	0	107,351	145,032	252,383	1,242 9.00
10.00	DIETARY	0	175,438	237,018	412,456	69 10.00
11.00	CAFETERIA	4,952	329,631	445,333	779,916	933 11.00
13.00	NURSING ADMINISTRATION	14,260	69,679	94,136	178,075	1,923 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	324 14.00
15.00	PHARMACY	0	0	0	0	2,600 15.00
16.00	MEDICAL RECORDS & LIBRARY	7,411	126,092	170,351	303,854	757 16.00
17.00	SOCIAL SERVICE	6,117	112,530	152,029	270,676	534 17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,810	82,158	110,996	202,964	2,531 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	-180,421	1,999,794	2,701,733	4,521,106	7,869 30.00
31.00	INTENSIVE CARE UNIT	9,436	269,715	364,387	643,538	3,061 31.00
32.00	CORONARY CARE UNIT	3,343	369,468	499,154	871,965	1,641 32.00
35.00	NEONATAL INTENSIVE CARE UNIT	22,457	653,468	882,838	1,558,763	6,329 35.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,735	547,453	739,612	1,304,800	3,005 50.00
51.00	RECOVERY ROOM	3,680	86,679	117,104	207,463	520 51.00
53.00	ANESTHESIOLOGY	193	0	0	193	120 53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,750	212,219	286,709	510,678	1,186 54.00
55.00	RADIOLOGY-THERAPEUTIC	1,175	48,200	65,118	114,493	170 55.00
57.00	CT SCAN	0	11,758	15,885	27,643	26 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	178	40,962	55,340	96,480	212 58.00
59.00	CARDIAC CATHETERIZATION	2,596	92,516	124,989	220,101	331 59.00
60.00	LABORATORY	9,316	259,910	351,140	620,366	1,870 60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	895	17,998	24,315	43,208	348 63.00
65.00	RESPIRATORY THERAPY	3,216	74,581	100,760	178,557	1,508 65.00
66.00	PHYSICAL THERAPY	15,330	297,710	402,208	715,248	1,059 66.00
67.00	OCCUPATIONAL THERAPY	5	0	0	5	370 67.00
68.00	SPEECH PATHOLOGY	1,835	64,818	87,570	154,223	560 68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	147 69.00
70.00	ELECTROENCEPHALOGRAPHY	2,061	35,550	48,029	85,640	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,041	276,040	372,932	653,013	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	9,281	137,914	186,322	333,517	0 73.00
74.00	RENAL DIALYSIS	2,508	66,283	89,548	158,339	38 74.00
75.00	ASC (NON-DISTINCT PART)	9,592	436,685	589,964	1,036,241	901 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	15,293	632,201	854,107	1,501,601	2,022 90.00
91.00	EMERGENCY	14,214	363,271	490,781	868,266	2,385 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	AMBULANCE SERVICES	4,425	29,204	39,455	73,084	1,058 95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	HEART ACQUISITION	0	0	0	0	0 106.00
107.00	LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	LUNG ACQUISITION	0	0	0	0	0 108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0 112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,548,751	13,544,345	18,298,481	35,391,577	61,300 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,948	28,301	49,249	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	3,957	133,393	180,215	317,565	611 194.00
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	3,552,708	13,698,686	18,506,997	35,758,391	61,911 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	15,731,168					5.00
6.00	MAINTENANCE & REPAIRS	54,889	87,506				6.00
7.00	OPERATION OF PLANT	338,991	2,478	917,779			7.00
8.00	LAUNDRY & LINEN SERVICE	17,620	459	4,949	127,395		8.00
9.00	HOUSEKEEPING	302,278	1,110	11,977	0	568,990	9.00
10.00	DIETARY	58,829	1,813	19,574	0	12,363	10.00
11.00	CAFETERIA	73,956	3,407	36,777	0	23,229	11.00
13.00	NURSING ADMINISTRATION	367,780	720	7,774	0	4,910	13.00
14.00	CENTRAL SERVICES & SUPPLY	266,790	0	0	0	0	14.00
15.00	PHARMACY	860,803	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	168,033	1,303	14,068	0	8,886	16.00
17.00	SOCIAL SERVICE	114,727	1,163	12,555	0	7,930	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APRVD	1,927,632	849	9,166	0	5,790	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,732,253	20,670	223,122	56,761	140,922	30.00
31.00	INTENSIVE CARE UNIT	641,737	2,788	30,092	4,295	19,007	31.00
32.00	CORONARY CARE UNIT	388,990	3,819	41,222	37	26,036	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	1,265,049	6,755	72,908	13,633	46,050	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	919,880	5,659	61,080	8,048	38,579	50.00
51.00	RECOVERY ROOM	187,210	896	9,671	3,504	6,108	51.00
53.00	ANESTHESIOLOGY	5,897	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	231,915	2,194	23,677	4,653	14,955	54.00
55.00	RADIOLOGY-THERAPEUTIC	59,480	498	5,378	459	3,397	55.00
57.00	CT SCAN	20,352	122	1,312	8,690	829	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	59,342	423	4,570	2,292	2,887	58.00
59.00	CARDIAC CATHETERIZATION	114,786	956	10,322	3,738	6,520	59.00
60.00	LABORATORY	786,340	2,687	28,998	0	18,316	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	227,983	186	2,008	0	1,268	63.00
65.00	RESPIRATORY THERAPY	346,187	771	8,321	0	5,256	65.00
66.00	PHYSICAL THERAPY	231,746	3,077	33,216	0	20,979	66.00
67.00	OCCUPATIONAL THERAPY	66,790	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	113,643	670	7,232	0	4,568	68.00
69.00	ELECTROCARDIOLOGY	98,909	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	40,725	367	3,966	0	2,505	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	658,437	2,853	30,798	0	19,452	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	489,397	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	687,326	1,426	15,387	0	9,719	73.00
74.00	RENAL DIALYSIS	14,413	685	7,395	0	4,671	74.00
75.00	ASC (NON-DISTINCT PART)	221,885	4,514	48,721	6,612	30,773	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	488,497	6,535	70,535	4,652	44,551	90.00
91.00	EMERGENCY	538,080	3,755	40,530	10,021	25,600	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	6,714	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	183,859	302	3,258	0	2,058	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	8,682	0	0	0	0	105.00
106.00	HEART ACQUISITION	64,257	0	0	0	0	106.00
107.00	LIVER ACQUISITION	22,988	0	0	0	0	107.00
108.00	LUNG ACQUISITION	51,164	0	0	0	0	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	21,595	0	0	0	0	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,548,836	85,910	900,559	127,395	558,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,741	217	2,337	0	1,476	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	637	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	178,954	1,379	14,883	0	9,400	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,731,168	87,506	917,779	127,395	568,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00							1.00
2.00							2.00
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	505,104						10.00
11.00	343,557	1,261,775					11.00
13.00	0	41,049	602,231				13.00
14.00	0	0	0	267,114			14.00
15.00	0	0	0	0	863,403		15.00
16.00	0	29,262	426	0	0		16.00
17.00	0	15,449	0	0	0		17.00
22.00	0	79,265	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	26,551	260,042	178,922	0	0		30.00
31.00	5,211	83,979	72,934	0	0		31.00
32.00	2,845	43,727	44,332	0	0		32.00
35.00	0	156,859	127,890	0	0		35.00
ANCILLARY SERVICE COST CENTERS							
50.00	0	66,560	55,259	0	0		50.00
51.00	0	11,757	11,025	0	0		51.00
53.00	0	5,712	0	0	0		53.00
54.00	0	35,849	0	0	0		54.00
55.00	0	4,147	2,112	0	0		55.00
57.00	0	653	0	0	0		57.00
58.00	0	5,763	0	0	0		58.00
59.00	0	7,661	5,346	0	0		59.00
60.00	0	55,730	0	0	0		60.00
63.00	0	4,959	0	0	0		63.00
65.00	0	42,824	0	0	0		65.00
66.00	0	30,088	2,266	0	0		66.00
67.00	0	9,449	0	0	0		67.00
68.00	0	14,870	0	0	0		68.00
69.00	0	0	0	0	0		69.00
70.00	0	5,432	0	0	0		70.00
71.00	0	15,118	0	267,114	0		71.00
72.00	0	0	0	0	0		72.00
73.00	0	53,907	0	0	862,305		73.00
74.00	0	5,889	4,460	0	1,098		74.00
75.00	0	20,301	14,925	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	0	51,855	14,994	0	0		90.00
91.00	0	63,596	40,592	0	0		91.00
92.00							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	0	0	0	0	0		94.00
95.00	0	24,886	19,889	0	0		95.00
98.00	0	0	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS							
105.00	0	0	0	0	0		105.00
106.00	0	0	0	0	0		106.00
107.00	0	0	0	0	0		107.00
108.00	0	0	0	0	0		108.00
112.00	0	0	0	0	0		112.00
118.00	378,164	1,246,638	595,372	267,114	863,403		118.00
NONREIMBURSABLE COST CENTERS							
190.00	0	0	0	0	0		190.00
192.00	0	0	0	0	0		192.00
194.00	126,940	15,137	6,859	0	0		194.00
200.00							200.00
201.00	0	0	0	0	0		201.00
202.00	505,104	1,261,775	602,231	267,114	863,403		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 263301

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	16.00	17.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
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
13.00						13.00
14.00						14.00
15.00						15.00
16.00	526,589					16.00
17.00	0	423,034				17.00
22.00	0	0	2,228,197			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	38,016	167,663		7,373,897	0	30.00
31.00	7,464	32,917		1,547,023	0	31.00
32.00	4,075	17,957		1,446,646	0	32.00
35.00	21,888	96,537		3,372,661	0	35.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	0		2,462,870	0	50.00
51.00	0	0		438,154	0	51.00
53.00	0	0		11,922	0	53.00
54.00	0	0		825,107	0	54.00
55.00	0	0		190,134	0	55.00
57.00	0	0		59,627	0	57.00
58.00	0	0		171,969	0	58.00
59.00	0	0		369,761	0	59.00
60.00	0	0		1,514,307	0	60.00
63.00	0	0		279,960	0	63.00
65.00	0	0		583,424	0	65.00
66.00	0	0		1,037,679	0	66.00
67.00	0	0		76,614	0	67.00
68.00	0	0		295,766	0	68.00
69.00	0	0		99,056	0	69.00
70.00	0	0		138,635	0	70.00
71.00	0	0		1,646,785	0	71.00
72.00	0	0		489,397	0	72.00
73.00	0	0		1,963,587	0	73.00
74.00	0	0		196,988	0	74.00
75.00	7,944	5,266		1,398,083	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	304,065	69,831		2,559,138	0	90.00
91.00	143,137	32,863		1,768,825	0	91.00
92.00					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0		6,714	0	94.00
95.00	0	0		308,394	0	95.00
98.00	0	0		0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	0	0		8,682	0	105.00
106.00	0	0		64,257	0	106.00
107.00	0	0		22,988	0	107.00
108.00	0	0		51,164	0	108.00
112.00	0	0		21,595	0	112.00
118.00	526,589	423,034	0	32,801,809	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0		56,020	0	190.00
192.00	0	0		637	0	192.00
194.00	0	0		671,728	0	194.00
200.00			2,228,197	2,228,197	0	200.00
201.00	0	0	0	0	0	201.00
202.00	526,589	423,034	2,228,197	35,758,391	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/29/2012 8:35 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	7,373,897	30.00
31.00	INTENSIVE CARE UNIT	1,547,023	31.00
32.00	CORONARY CARE UNIT	1,446,646	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,372,661	35.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	2,462,870	50.00
51.00	RECOVERY ROOM	438,154	51.00
53.00	ANESTHESIOLOGY	11,922	53.00
54.00	RADIOLOGY-DIAGNOSTIC	825,107	54.00
55.00	RADIOLOGY-THERAPEUTIC	190,134	55.00
57.00	CT SCAN	59,627	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	171,969	58.00
59.00	CARDIAC CATHETERIZATION	369,761	59.00
60.00	LABORATORY	1,514,307	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	279,960	63.00
65.00	RESPIRATORY THERAPY	583,424	65.00
66.00	PHYSICAL THERAPY	1,037,679	66.00
67.00	OCCUPATIONAL THERAPY	76,614	67.00
68.00	SPEECH PATHOLOGY	295,766	68.00
69.00	ELECTROCARDIOLOGY	99,056	69.00
70.00	ELECTROENCEPHALOGRAPHY	138,635	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,646,785	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	489,397	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,963,587	73.00
74.00	RENAL DIALYSIS	196,988	74.00
75.00	ASC (NON-DISTINCT PART)	1,398,083	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	2,559,138	90.00
91.00	EMERGENCY	1,768,825	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	6,714	94.00
95.00	AMBULANCE SERVICES	308,394	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	8,682	105.00
106.00	HEART ACQUISITION	64,257	106.00
107.00	LIVER ACQUISITION	22,988	107.00
108.00	LUNG ACQUISITION	51,164	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	21,595	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,801,809	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	56,020	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	637	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	671,728	194.00
200.00	Cross Foot Adjustments	2,228,197	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	35,758,391	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	645,432					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		645,432				2.00
4.00	EMPLOYEE BENEFITS	1,173	1,173	145,728,272			4.00
5.00	ADMINISTRATIVE & GENERAL	244,785	244,785	30,898,373	-94,835,720	282,610,353	5.00
6.00	MAINTENANCE & REPAIRS	599	599	216,715	0	986,075	6.00
7.00	OPERATION OF PLANT	11,297	11,297	1,063,632	0	6,089,957	7.00
8.00	LAUNDRY & LINEN SERVICE	2,090	2,090	0	0	316,548	8.00
9.00	HOUSEKEEPING	5,058	5,058	2,922,316	0	5,430,398	9.00
10.00	DIETARY	8,266	8,266	161,418	0	1,056,867	10.00
11.00	CAFETERIA	15,531	15,531	2,194,520	0	1,328,619	11.00
13.00	NURSING ADMINISTRATION	3,283	3,283	4,525,107	0	6,607,140	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	763,125	0	4,792,861	14.00
15.00	PHARMACY	0	0	6,118,728	0	15,464,261	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,941	5,941	1,780,862	0	3,018,705	16.00
17.00	SOCIAL SERVICE	5,302	5,302	1,256,815	0	2,061,071	17.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,871	3,871	5,955,058	0	34,630,698	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	94,223	94,223	18,514,956	0	31,119,802	30.00
31.00	INTENSIVE CARE UNIT	12,708	12,708	7,202,196	0	11,528,755	31.00
32.00	CORONARY CARE UNIT	17,408	17,408	3,860,377	0	6,988,172	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	30,789	30,789	14,890,703	0	22,726,528	35.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	25,794	25,794	7,070,670	0	16,525,591	50.00
51.00	RECOVERY ROOM	4,084	4,084	1,222,881	0	3,363,213	51.00
53.00	ANESTHESIOLOGY	0	0	281,673	0	105,940	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,999	9,999	2,790,318	0	4,166,341	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,271	2,271	400,909	0	1,068,547	55.00
57.00	CT SCAN	554	554	61,144	0	365,626	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	499,795	0	1,066,084	58.00
59.00	CARDIAC CATHETERIZATION	4,359	4,359	778,277	0	2,062,119	59.00
60.00	LABORATORY	12,246	12,246	4,398,877	0	14,126,546	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	848	848	819,594	0	4,095,707	63.00
65.00	RESPIRATORY THERAPY	3,514	3,514	3,547,603	0	6,219,226	65.00
66.00	PHYSICAL THERAPY	14,027	14,027	2,491,395	0	4,163,309	66.00
67.00	OCCUPATIONAL THERAPY	0	0	871,078	0	1,199,885	67.00
68.00	SPEECH PATHOLOGY	3,054	3,054	1,317,415	0	2,041,595	68.00
69.00	ELECTROCARDIOLOGY	0	0	346,910	0	1,776,888	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,675	1,675	0	0	731,625	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	0	11,828,773	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,791,982	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,498	6,498	0	0	12,347,768	73.00
74.00	RENAL DIALYSIS	3,123	3,123	89,762	0	258,932	74.00
75.00	ASC (NON-DISTINCT PART)	20,575	20,575	2,120,186	0	3,986,158	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	29,787	29,787	4,757,435	0	8,775,811	90.00
91.00	EMERGENCY	17,116	17,116	5,612,058	0	9,666,565	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	120,625	94.00
95.00	AMBULANCE SERVICES	1,376	1,376	2,488,585	0	3,303,019	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	155,979	105.00
106.00	HEART ACQUISITION	0	0	0	0	1,154,370	106.00
107.00	LIVER ACQUISITION	0	0	0	0	412,980	107.00
108.00	LUNG ACQUISITION	0	0	0	0	919,152	108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	387,950	112.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	638,160	638,160	144,291,466	-94,835,720	279,334,763	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	0	49,249	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,439	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	1,436,806	0	3,214,902	194.00
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)	13,698,686	18,506,997	7,208,273		94,835,720	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21.224058	28.673814	0.049464		0.335571	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			61,911		15,731,168	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000425		0.055664	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	398,875					6.00
7.00 OPERATION OF PLANT	11,297	387,578				7.00
8.00 LAUNDRY & LINEN SERVICE	2,090	2,090	1,855,483			8.00
9.00 HOUSEKEEPING	5,058	5,058	0	380,430		9.00
10.00 DIETARY	8,266	8,266	0	8,266	1,592,516	10.00
11.00 CAFETERIA	15,531	15,531	0	15,531	1,083,182	11.00
13.00 NURSING ADMINISTRATION	3,283	3,283	0	3,283	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,941	5,941	0	5,941	0	16.00
17.00 SOCIAL SERVICE	5,302	5,302	0	5,302	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,871	3,871	0	3,871	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	94,223	94,223	826,747	94,223	83,710	30.00
31.00 INTENSIVE CARE UNIT	12,708	12,708	62,552	12,708	16,431	31.00
32.00 CORONARY CARE UNIT	17,408	17,408	538	17,408	8,971	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	30,789	30,789	198,556	30,789	0	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,794	25,794	117,217	25,794	0	50.00
51.00 RECOVERY ROOM	4,084	4,084	51,029	4,084	0	51.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,999	9,999	67,767	9,999	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,271	2,271	6,685	2,271	0	55.00
57.00 CT SCAN	554	554	126,567	554	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,930	1,930	33,381	1,930	0	58.00
59.00 CARDIAC CATHETERIZATION	4,359	4,359	54,446	4,359	0	59.00
60.00 LABORATORY	12,246	12,246	0	12,246	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	848	848	0	848	0	63.00
65.00 RESPIRATORY THERAPY	3,514	3,514	0	3,514	0	65.00
66.00 PHYSICAL THERAPY	14,027	14,027	0	14,027	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	3,054	3,054	0	3,054	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,675	1,675	0	1,675	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,006	13,006	0	13,006	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	6,498	6,498	0	6,498	0	73.00
74.00 RENAL DIALYSIS	3,123	3,123	0	3,123	0	74.00
75.00 ASC (NON-DISTINCT PART)	20,575	20,575	96,295	20,575	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	29,787	29,787	67,755	29,787	0	90.00
91.00 EMERGENCY	17,116	17,116	145,948	17,116	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	1,376	1,376	0	1,376	0	95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	391,603	380,306	1,855,483	373,158	1,192,294	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	987	987	0	987	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	6,285	6,285	0	6,285	400,222	194.00
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)	1,316,973	8,170,870	473,734	7,376,014	1,773,342	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.301719	21.081873	0.255316	19.388623	1.113547	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	87,506	917,779	127,395	568,990	505,104	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.219382	2.367985	0.068659	1.495650	0.317174	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	CAFETERIA (ASSIGNED TIME)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	3,792,877					11.00
13.00 NURSING ADMINISTRATION	123,393	1,389,202				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	61,210,867			14.00
15.00 PHARMACY	0	0	0	18,880,984		15.00
16.00 MEDICAL RECORDS & LIBRARY	87,962	983	0	0	92,142	16.00
17.00 SOCIAL SERVICE	46,439	0	0	0	0	17.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	238,269	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	781,686	412,732	0	0	6,652	30.00
31.00 INTENSIVE CARE UNIT	252,438	168,241	0	0	1,306	31.00
32.00 CORONARY CARE UNIT	131,442	102,264	0	0	713	32.00
35.00 NEONATAL INTENSIVE CARE UNIT	471,516	295,011	0	0	3,830	35.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	200,079	127,468	0	0	0	50.00
51.00 RECOVERY ROOM	35,342	25,433	0	0	0	51.00
53.00 ANESTHESIOLOGY	17,170	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	107,760	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	12,467	4,872	0	0	0	55.00
57.00 CT SCAN	1,962	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	17,322	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	23,030	12,333	0	0	0	59.00
60.00 LABORATORY	167,524	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	14,906	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	128,728	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	90,445	5,227	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	28,405	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	44,700	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	16,328	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	45,443	0	61,210,867	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	162,042	0	0	18,856,980	0	73.00
74.00 RENAL DIALYSIS	17,701	10,287	0	24,004	0	74.00
75.00 ASC (NON-DISTINCT PART)	61,024	34,429	0	0	1,390	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	155,876	34,588	0	0	53,205	90.00
91.00 EMERGENCY	191,168	93,635	0	0	25,046	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	74,808	45,878	0	0	0	95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,747,375	1,373,381	61,210,867	18,880,984	92,142	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	45,502	15,821	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,660,466	9,087,095	6,401,206	20,653,619	4,383,067	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.965090	6.541234	0.104576	1.093885	47.568611	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,261,775	602,231	267,114	863,403	526,589	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.332670	0.433509	0.004364	0.045729	5.714973	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		17.00		
GENERAL SERVICE COST CENTERS				
1.00				1.00
2.00				2.00
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
13.00				13.00
14.00				14.00
15.00				15.00
16.00				16.00
17.00				17.00
22.00	15,666	0	3,296,814	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	6,209	781,686		30.00
31.00	1,219	252,438		31.00
32.00	665	131,442		32.00
35.00	3,575	471,516		35.00
ANCILLARY SERVICE COST CENTERS				
50.00	0	200,079		50.00
51.00	0	35,342		51.00
53.00	0	17,170		53.00
54.00	0	107,760		54.00
55.00	0	12,467		55.00
57.00	0	1,962		57.00
58.00	0	17,322		58.00
59.00	0	23,030		59.00
60.00	0	167,524		60.00
63.00	0	14,906		63.00
65.00	0	128,728		65.00
66.00	0	90,445		66.00
67.00	0	28,405		67.00
68.00	0	44,700		68.00
69.00	0	0		69.00
70.00	0	16,328		70.00
71.00	0	45,443		71.00
72.00	0	0		72.00
73.00	0	162,042		73.00
74.00	0	17,701		74.00
75.00	195	61,024		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	2,586	155,876		90.00
91.00	1,217	191,168		91.00
92.00				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	0	0		94.00
95.00	0	74,808		95.00
98.00	0	0		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	0	0		105.00
106.00	0	0		106.00
107.00	0	0		107.00
108.00	0	0		108.00
112.00	0	0		112.00
118.00	15,666	3,251,312		118.00
NONREIMBURSABLE COST CENTERS				
190.00	0	0		190.00
192.00	0	0		192.00
194.00	0	45,502		194.00
200.00				200.00
201.00				201.00
202.00	3,029,605	46,651,030		202.00
203.00	193.387272	14.150337		203.00
204.00	423,034	2,228,197		204.00
205.00	27.003319	0.675864		205.00

Provider CCN: 263301

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

Worksheet B-2
Date/Time Prepared:
5/29/2012 8:35 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	-11,635	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	-12,369	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am	
		Title XVIIII	Hospital	Tefra	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		50,962,687	0	0
31.00	INTENSIVE CARE UNIT		17,629,989	0	0
32.00	CORONARY CARE UNIT		11,063,618	0	0
35.00	NEONATAL INTENSIVE CARE UNIT		35,009,628	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		24,256,980	0	0
51.00	RECOVERY ROOM		4,884,075	0	0
53.00	ANESTHESIOLOGY		158,061	0	0
54.00	RADIOLOGY-DIAGNOSTIC		6,123,423	0	0
55.00	RADIOLOGY-THERAPEUTIC		1,572,135	0	0
57.00	CT SCAN		546,777	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,533,551	0	0
59.00	CARDIAC CATHETERIZATION		3,061,709	0	0
60.00	LABORATORY		19,564,716	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		5,521,612	0	0
65.00	RESPIRATORY THERAPY	0	8,584,268	0	0
66.00	PHYSICAL THERAPY	0	6,295,866	0	0
67.00	OCCUPATIONAL THERAPY	0	1,629,945	0	0
68.00	SPEECH PATHOLOGY	0	2,903,515	0	0
69.00	ELECTROCARDIOLOGY		2,373,160	0	0
70.00	ELECTROENCEPHALOGRAPHY		1,066,213	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,812,530	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,742,316	0	0
73.00	DRUGS CHARGED TO PATIENTS		37,559,499	0	0
74.00	RENAL DIALYSIS		569,150	0	0
75.00	ASC (NON-DISTINCT PART)		6,636,930	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		16,449,531	0	0
91.00	EMERGENCY		15,920,589	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,970,657	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		161,103	0	0
95.00	AMBULANCE SERVICES		4,843,942	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION		208,321		0
106.00	HEART ACQUISITION		1,541,743		0
107.00	LIVER ACQUISITION		551,564		0
108.00	LUNG ACQUISITION		1,227,593		0
112.00	OTHER ORGAN ACQUISITION (SPECIFY)		518,135		0
200.00	Subtotal (see instructions)	0	328,455,531	0	0
201.00	Less Observation Beds		2,970,657		0
202.00	Total (see instructions)	0	325,484,874	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am	
			Title XVIIII	Hospital	Tefra	
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	40,066,611		40,066,611		30.00
31.00	INTENSIVE CARE UNIT	19,988,004		19,988,004		31.00
32.00	CORONARY CARE UNIT	11,279,945		11,279,945		32.00
35.00	NEONATAL INTENSIVE CARE UNIT	56,245,693		56,245,693		35.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,837,874	13,752,819	44,590,693	0.543992	50.00
51.00	RECOVERY ROOM	2,246,412	5,439,028	7,685,440	0.635497	51.00
53.00	ANESTHESIOLOGY	5,379,411	4,885,285	10,264,696	0.015399	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,454,322	18,018,624	30,472,946	0.200946	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,987,729	2,242,223	4,229,952	0.371667	55.00
57.00	CT SCAN	4,936,001	5,838,463	10,774,464	0.050747	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,887,314	21,437,737	28,325,051	0.054141	58.00
59.00	CARDIAC CATHETERIZATION	2,178,066	4,285,943	6,464,009	0.473655	59.00
60.00	LABORATORY	54,967,763	40,960,273	95,928,036	0.203952	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,675,298	3,281,994	15,957,292	0.346024	63.00
65.00	RESPIRATORY THERAPY	24,967,435	1,268,563	26,235,998	0.327194	65.00
66.00	PHYSICAL THERAPY	3,345,215	3,614,911	6,960,126	0.904562	66.00
67.00	OCCUPATIONAL THERAPY	2,212,977	2,078,179	4,291,156	0.379838	67.00
68.00	SPEECH PATHOLOGY	1,170,072	4,677,767	5,847,839	0.496511	68.00
69.00	ELECTROCARDIOLOGY	4,004,690	682,251	4,686,941	0.506335	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,572,072	1,374,009	3,946,081	0.270195	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,350,115	19,718,763	74,068,878	0.307991	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,924,820	7,268,824	33,193,644	0.353752	72.00
73.00	DRUGS CHARGED TO PATIENTS	70,110,728	23,263,768	93,374,496	0.402246	73.00
74.00	RENAL DIALYSIS	499,013	331,850	830,863	0.685011	74.00
75.00	ASC (NON-DISTINCT PART)	3,272	4,936,605	4,939,877	1.343542	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,046,718	10,980,925	12,027,643	1.367644	90.00
91.00	EMERGENCY	6,335,930	24,583,577	30,919,507	0.514904	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	531,007	1,674,826	2,205,833	1.346728	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	325,420	472,286	797,706	0.201958	94.00
95.00	AMBULANCE SERVICES	4,000,067	643,091	4,643,158	1.043243	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	411,010	0	411,010		105.00
106.00	HEART ACQUISITION	1,380,211	0	1,380,211		106.00
107.00	LIVER ACQUISITION	855,514	0	855,514		107.00
108.00	LUNG ACQUISITION	2,624,065	0	2,624,065		108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	919,624	18,547	938,171		112.00
200.00	Subtotal (see instructions)	469,720,418	227,731,131	697,451,549		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	469,720,418	227,731,131	697,451,549		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital Tefra
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
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
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: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		50,962,687	0	0 30.00
31.00	INTENSIVE CARE UNIT		17,629,989	0	0 31.00
32.00	CORONARY CARE UNIT		11,063,618	0	0 32.00
35.00	NEONATAL INTENSIVE CARE UNIT		35,009,628	0	0 35.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		24,256,980	0	0 50.00
51.00	RECOVERY ROOM		4,884,075	0	0 51.00
53.00	ANESTHESIOLOGY		158,061	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,123,423	0	0 54.00
55.00	RADIOLOGY-THERAPEUTIC		1,572,135	0	0 55.00
57.00	CT SCAN		546,777	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,533,551	0	0 58.00
59.00	CARDIAC CATHETERIZATION		3,061,709	0	0 59.00
60.00	LABORATORY		19,564,716	0	0 60.00
63.00	BLOOD STORING, PROCESSING & TRANS.		5,521,612	0	0 63.00
65.00	RESPIRATORY THERAPY	0	8,584,268	0	0 65.00
66.00	PHYSICAL THERAPY	0	6,295,866	0	0 66.00
67.00	OCCUPATIONAL THERAPY	0	1,629,945	0	0 67.00
68.00	SPEECH PATHOLOGY	0	2,903,515	0	0 68.00
69.00	ELECTROCARDIOLOGY		2,373,160	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY		1,066,213	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,812,530	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,742,316	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS		37,559,499	0	0 73.00
74.00	RENAL DIALYSIS		569,150	0	0 74.00
75.00	ASC (NON-DISTINCT PART)		6,636,930	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		16,449,531	0	0 90.00
91.00	EMERGENCY		15,920,589	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,970,657	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		161,103	0	0 94.00
95.00	AMBULANCE SERVICES		4,843,942	0	0 95.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0 98.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION		208,321		0 105.00
106.00	HEART ACQUISITION		1,541,743		0 106.00
107.00	LIVER ACQUISITION		551,564		0 107.00
108.00	LUNG ACQUISITION		1,227,593		0 108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)		518,135		0 112.00
200.00	Subtotal (see instructions)	0	328,455,531	0	0 200.00
201.00	Less Observation Beds		2,970,657		0 201.00
202.00	Total (see instructions)	0	325,484,874	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	40,066,611		40,066,611		30.00
31.00	INTENSIVE CARE UNIT	19,988,004		19,988,004		31.00
32.00	CORONARY CARE UNIT	11,279,945		11,279,945		32.00
35.00	NEONATAL INTENSIVE CARE UNIT	56,245,693		56,245,693		35.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,837,874	13,752,819	44,590,693	0.543992	50.00
51.00	RECOVERY ROOM	2,246,412	5,439,028	7,685,440	0.635497	51.00
53.00	ANESTHESIOLOGY	5,379,411	4,885,285	10,264,696	0.015399	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,454,322	18,018,624	30,472,946	0.200946	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,987,729	2,242,223	4,229,952	0.371667	55.00
57.00	CT SCAN	4,936,001	5,838,463	10,774,464	0.050747	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,887,314	21,437,737	28,325,051	0.054141	58.00
59.00	CARDIAC CATHETERIZATION	2,178,066	4,285,943	6,464,009	0.473655	59.00
60.00	LABORATORY	54,967,763	40,960,273	95,928,036	0.203952	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,675,298	3,281,994	15,957,292	0.346024	63.00
65.00	RESPIRATORY THERAPY	24,967,435	1,268,563	26,235,998	0.327194	65.00
66.00	PHYSICAL THERAPY	3,345,215	3,614,911	6,960,126	0.904562	66.00
67.00	OCCUPATIONAL THERAPY	2,212,977	2,078,179	4,291,156	0.379838	67.00
68.00	SPEECH PATHOLOGY	1,170,072	4,677,767	5,847,839	0.496511	68.00
69.00	ELECTROCARDIOLOGY	4,004,690	682,251	4,686,941	0.506335	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,572,072	1,374,009	3,946,081	0.270195	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,350,115	19,718,763	74,068,878	0.307991	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,924,820	7,268,824	33,193,644	0.353752	72.00
73.00	DRUGS CHARGED TO PATIENTS	70,110,728	23,263,768	93,374,496	0.402246	73.00
74.00	RENAL DIALYSIS	499,013	331,850	830,863	0.685011	74.00
75.00	ASC (NON-DISTINCT PART)	3,272	4,936,605	4,939,877	1.343542	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,046,718	10,980,925	12,027,643	1.367644	90.00
91.00	EMERGENCY	6,335,930	24,583,577	30,919,507	0.514904	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	531,007	1,674,826	2,205,833	1.346728	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	325,420	472,286	797,706	0.201958	94.00
95.00	AMBULANCE SERVICES	4,000,067	643,091	4,643,158	1.043243	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	411,010	0	411,010		105.00
106.00	HEART ACQUISITION	1,380,211	0	1,380,211		106.00
107.00	LIVER ACQUISITION	855,514	0	855,514		107.00
108.00	LUNG ACQUISITION	2,624,065	0	2,624,065		108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	919,624	18,547	938,171		112.00
200.00	Subtotal (see instructions)	469,720,418	227,731,131	697,451,549		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	469,720,418	227,731,131	697,451,549		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS			30.00
31.00 INTENSIVE CARE UNIT			31.00
32.00 CORONARY CARE UNIT			32.00
35.00 NEONATAL INTENSIVE CARE UNIT			35.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.000000		50.00
51.00 RECOVERY ROOM	0.000000		51.00
53.00 ANESTHESIOLOGY	0.000000		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.000000		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00 RESPIRATORY THERAPY	0.000000		65.00
66.00 PHYSICAL THERAPY	0.000000		66.00
67.00 OCCUPATIONAL THERAPY	0.000000		67.00
68.00 SPEECH PATHOLOGY	0.000000		68.00
69.00 ELECTROCARDIOLOGY	0.000000		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00 RENAL DIALYSIS	0.000000		74.00
75.00 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0.000000		90.00
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00 AMBULANCE SERVICES	0.000000		95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION			105.00
106.00 HEART ACQUISITION			106.00
107.00 LIVER ACQUISITION			107.00
108.00 LUNG ACQUISITION			108.00
112.00 OTHER ORGAN ACQUISITION (SPECIFY)			112.00
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: 263301

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:35 am

Title V		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		50,962,687	0	0
31.00	INTENSIVE CARE UNIT		17,629,989	0	0
32.00	CORONARY CARE UNIT		11,063,618	0	0
35.00	NEONATAL INTENSIVE CARE UNIT		35,009,628	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		24,256,980	0	0
51.00	RECOVERY ROOM		4,884,075	0	0
53.00	ANESTHESIOLOGY		158,061	0	0
54.00	RADIOLOGY-DIAGNOSTIC		6,123,423	0	0
55.00	RADIOLOGY-THERAPEUTIC		1,572,135	0	0
57.00	CT SCAN		546,777	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,533,551	0	0
59.00	CARDIAC CATHETERIZATION		3,061,709	0	0
60.00	LABORATORY		19,564,716	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		5,521,612	0	0
65.00	RESPIRATORY THERAPY	0	8,584,268	0	0
66.00	PHYSICAL THERAPY	0	6,295,866	0	0
67.00	OCCUPATIONAL THERAPY	0	1,629,945	0	0
68.00	SPEECH PATHOLOGY	0	2,903,515	0	0
69.00	ELECTROCARDIOLOGY		2,373,160	0	0
70.00	ELECTROENCEPHALOGRAPHY		1,066,213	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,812,530	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS		11,742,316	0	0
73.00	DRUGS CHARGED TO PATIENTS		37,559,499	0	0
74.00	RENAL DIALYSIS		569,150	0	0
75.00	ASC (NON-DISTINCT PART)		6,636,930	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC		16,449,531	0	0
91.00	EMERGENCY		15,920,589	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,970,657	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		161,103	0	0
95.00	AMBULANCE SERVICES		4,843,942	0	0
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION		208,321		0
106.00	HEART ACQUISITION		1,541,743		0
107.00	LIVER ACQUISITION		551,564		0
108.00	LUNG ACQUISITION		1,227,593		0
112.00	OTHER ORGAN ACQUISITION (SPECIFY)		518,135		0
200.00	Subtotal (see instructions)	0	328,455,531	0	0
201.00	Less Observation Beds		2,970,657		0
202.00	Total (see instructions)	0	325,484,874	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am	
			Title V	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	40,066,611		40,066,611		30.00
31.00	INTENSIVE CARE UNIT	19,988,004		19,988,004		31.00
32.00	CORONARY CARE UNIT	11,279,945		11,279,945		32.00
35.00	NEONATAL INTENSIVE CARE UNIT	56,245,693		56,245,693		35.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	30,837,874	13,752,819	44,590,693	0.543992	50.00
51.00	RECOVERY ROOM	2,246,412	5,439,028	7,685,440	0.635497	51.00
53.00	ANESTHESIOLOGY	5,379,411	4,885,285	10,264,696	0.015399	53.00
54.00	RADIOLOGY-DIAGNOSTIC	12,454,322	18,018,624	30,472,946	0.200946	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,987,729	2,242,223	4,229,952	0.371667	55.00
57.00	CT SCAN	4,936,001	5,838,463	10,774,464	0.050747	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,887,314	21,437,737	28,325,051	0.054141	58.00
59.00	CARDIAC CATHETERIZATION	2,178,066	4,285,943	6,464,009	0.473655	59.00
60.00	LABORATORY	54,967,763	40,960,273	95,928,036	0.203952	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	12,675,298	3,281,994	15,957,292	0.346024	63.00
65.00	RESPIRATORY THERAPY	24,967,435	1,268,563	26,235,998	0.327194	65.00
66.00	PHYSICAL THERAPY	3,345,215	3,614,911	6,960,126	0.904562	66.00
67.00	OCCUPATIONAL THERAPY	2,212,977	2,078,179	4,291,156	0.379838	67.00
68.00	SPEECH PATHOLOGY	1,170,072	4,677,767	5,847,839	0.496511	68.00
69.00	ELECTROCARDIOLOGY	4,004,690	682,251	4,686,941	0.506335	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,572,072	1,374,009	3,946,081	0.270195	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	54,350,115	19,718,763	74,068,878	0.307991	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,924,820	7,268,824	33,193,644	0.353752	72.00
73.00	DRUGS CHARGED TO PATIENTS	70,110,728	23,263,768	93,374,496	0.402246	73.00
74.00	RENAL DIALYSIS	499,013	331,850	830,863	0.685011	74.00
75.00	ASC (NON-DISTINCT PART)	3,272	4,936,605	4,939,877	1.343542	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,046,718	10,980,925	12,027,643	1.367644	90.00
91.00	EMERGENCY	6,335,930	24,583,577	30,919,507	0.514904	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	531,007	1,674,826	2,205,833	1.346728	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	325,420	472,286	797,706	0.201958	94.00
95.00	AMBULANCE SERVICES	4,000,067	643,091	4,643,158	1.043243	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	411,010	0	411,010		105.00
106.00	HEART ACQUISITION	1,380,211	0	1,380,211		106.00
107.00	LIVER ACQUISITION	855,514	0	855,514		107.00
108.00	LUNG ACQUISITION	2,624,065	0	2,624,065		108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	919,624	18,547	938,171		112.00
200.00	Subtotal (see instructions)	469,720,418	227,731,131	697,451,549		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	469,720,418	227,731,131	697,451,549		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 8:35 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 8:35 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	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	7,373,897	0	7,373,897	40,418	182.44	30.00
31.00	INTENSIVE CARE UNIT	1,547,023		1,547,023	7,471	207.07	31.00
32.00	CORONARY CARE UNIT	1,446,646		1,446,646	4,079	354.66	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,372,661		3,372,661	21,912	153.92	35.00
200.00	Total (lines 30-199)	13,740,227		13,740,227	73,880		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII	Hospital	Tefra	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	228	41,596				30.00
31.00	INTENSIVE CARE UNIT	24	4,970				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
200.00	Total (lines 30-199)	252	46,566				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 263301

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,462,870	44,590,693	0.055233	143,936	7,950	50.00
51.00	RECOVERY ROOM	438,154	7,685,440	0.057011	13,013	742	51.00
53.00	ANESTHESIOLOGY	11,922	10,264,696	0.001161	40,026	46	53.00
54.00	RADIOLOGY-DIAGNOSTIC	825,107	30,472,946	0.027077	46,172	1,250	54.00
55.00	RADIOLOGY-THERAPEUTIC	190,134	4,229,952	0.044949	7,419	333	55.00
57.00	CT SCAN	59,627	10,774,464	0.005534	8,320	46	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	171,969	28,325,051	0.006071	18,284	111	58.00
59.00	CARDIAC CATHETERIZATION	369,761	6,464,009	0.057203	0	0	59.00
60.00	LABORATORY	1,514,307	95,928,036	0.015786	233,083	3,679	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	279,960	15,957,292	0.017544	15,137	266	63.00
65.00	RESPIRATORY THERAPY	583,424	26,235,998	0.022238	35,512	790	65.00
66.00	PHYSICAL THERAPY	1,037,679	6,960,126	0.149089	5,660	844	66.00
67.00	OCCUPATIONAL THERAPY	76,614	4,291,156	0.017854	2,111	38	67.00
68.00	SPEECH PATHOLOGY	295,766	5,847,839	0.050577	2,310	117	68.00
69.00	ELECTROCARDIOLOGY	99,056	4,686,941	0.021134	38,177	807	69.00
70.00	ELECTROENCEPHALOGRAPHY	138,635	3,946,081	0.035132	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,646,785	74,068,878	0.022233	202,272	4,497	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	489,397	33,193,644	0.014744	298,979	4,408	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,963,587	93,374,496	0.021029	273,944	5,761	73.00
74.00	RENAL DIALYSIS	196,988	830,863	0.237088	56,461	13,386	74.00
75.00	ASC (NON-DISTINCT PART)	1,398,083	4,939,877	0.283020	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,559,138	12,027,643	0.212771	2,233	475	90.00
91.00	EMERGENCY	1,768,825	30,919,507	0.057207	5,781	331	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	429,830	2,205,833	0.194861	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	6,714	797,706	0.008417	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	19,014,332	559,019,167		1,448,830	45,877	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		Title XVIII		Hospital		Tefra	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	Tefra
		6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	40,418	0.00	228	0	0	30.00
31.00	INTENSIVE CARE UNIT	7,471	0.00	24	0	0	31.00
32.00	CORONARY CARE UNIT	4,079	0.00	0	0	0	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	21,912	0.00	0	0	0	35.00
200.00	Total (lines 30-199)	73,880		252	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII		Hospital Tefra	
		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	
35.00	NEONATAL INTENSIVE CARE UNIT	0	0			35.00	
200.00	Total (Lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:35 am
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Cost Center Description	Title XVIII				Hospital	Tefra
	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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:35 am
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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	44,590,693	0.000000	0.000000	143,936	50.00
51.00	RECOVERY ROOM	0	7,685,440	0.000000	0.000000	13,013	51.00
53.00	ANESTHESIOLOGY	0	10,264,696	0.000000	0.000000	40,026	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	30,472,946	0.000000	0.000000	46,172	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	4,229,952	0.000000	0.000000	7,419	55.00
57.00	CT SCAN	0	10,774,464	0.000000	0.000000	8,320	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	28,325,051	0.000000	0.000000	18,284	58.00
59.00	CARDIAC CATHETERIZATION	0	6,464,009	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	95,928,036	0.000000	0.000000	233,083	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	15,957,292	0.000000	0.000000	15,137	63.00
65.00	RESPIRATORY THERAPY	0	26,235,998	0.000000	0.000000	35,512	65.00
66.00	PHYSICAL THERAPY	0	6,960,126	0.000000	0.000000	5,660	66.00
67.00	OCCUPATIONAL THERAPY	0	4,291,156	0.000000	0.000000	2,111	67.00
68.00	SPEECH PATHOLOGY	0	5,847,839	0.000000	0.000000	2,310	68.00
69.00	ELECTROCARDIOLOGY	0	4,686,941	0.000000	0.000000	38,177	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,946,081	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,068,878	0.000000	0.000000	202,272	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	33,193,644	0.000000	0.000000	298,979	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	93,374,496	0.000000	0.000000	273,944	73.00
74.00	RENAL DIALYSIS	0	830,863	0.000000	0.000000	56,461	74.00
75.00	ASC (NON-DISTINCT PART)	0	4,939,877	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	12,027,643	0.000000	0.000000	2,233	90.00
91.00	EMERGENCY	0	30,919,507	0.000000	0.000000	5,781	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,205,833	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	797,706	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	559,019,167			1,448,830	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:35 am
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Cost Center Description	Title XVIII			Hospital	Tefra	
	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	835	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 ANESTHESIOLOGY	0	1,776	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	34,661	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	19,085	0	0	0	55.00
57.00 CT SCAN	0	4,193	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	21,692	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	3,513	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,150	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	2,944	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	1,840	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	8,292	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,306	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,586	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	110,512	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	97,323	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	2,349	0	0	0	90.00
91.00 EMERGENCY	0	15,217	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,014	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	390,288	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:35 am
	Title XVIII	Hospital	Tefra

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
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
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 PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES			95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:35 am
	Title XVIII	Hospital	Tefra

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.543992	835	0	0		50.00
51.00 RECOVERY ROOM	0.635497	0	0	0		51.00
53.00 ANESTHESIOLOGY	0.015399	1,776	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.200946	34,661	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.371667	19,085	0	0		55.00
57.00 CT SCAN	0.050747	4,193	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.054141	21,692	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.473655	0	0	0		59.00
60.00 LABORATORY	0.203952	3,513	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.346024	2,150	0	0		63.00
65.00 RESPIRATORY THERAPY	0.327194	2,944	0	0		65.00
66.00 PHYSICAL THERAPY	0.904562	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.379838	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.496511	1,840	666	0		68.00
69.00 ELECTROCARDIOLOGY	0.506335	8,292	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.270195	2,306	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307991	60,586	450	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.353752	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.402246	110,512	0	0		73.00
74.00 RENAL DIALYSIS	0.685011	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	1.343542	97,323	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1.367644	2,349	7,844	0		90.00
91.00 EMERGENCY	0.514904	15,217	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.346728	1,014	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0.201958		0			94.00
95.00 AMBULANCE SERVICES	1.043243		0			95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		390,288	8,960	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		390,288	8,960	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:35 am
	Title XVIII	Hospital	Tefra

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	454	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
53.00 ANESTHESIOLOGY	27	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,965	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	7,093	0	0		55.00
57.00 CT SCAN	213	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,174	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	716	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	744	0	0		63.00
65.00 RESPIRATORY THERAPY	963	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	914	331	0		68.00
69.00 ELECTROCARDIOLOGY	4,199	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	623	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,660	139	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	44,453	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	130,758	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	3,213	10,728	0		90.00
91.00 EMERGENCY	7,835	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,366	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	230,370	11,198	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	230,370	11,198	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:35 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost
		PPS Reimbursed Services (see instructions)	Cost	Cost	
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.543992	0	1,246,200	0	50.00
51.00 RECOVERY ROOM	0.635497	0	483,157	0	51.00
53.00 ANESTHESIOLOGY	0.015399	0	425,523	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.200946	0	1,302,232	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.371667	0	215,286	0	55.00
57.00 CT SCAN	0.050747	0	536,915	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.054141	0	2,075,715	0	58.00
59.00 CARDIAC CATHETERIZATION	0.473655	0	575,849	0	59.00
60.00 LABORATORY	0.203952	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.346024	0	695,752	0	63.00
65.00 RESPIRATORY THERAPY	0.327194	0	119,041	0	65.00
66.00 PHYSICAL THERAPY	0.904562	0	114,652	0	66.00
67.00 OCCUPATIONAL THERAPY	0.379838	0	161,199	0	67.00
68.00 SPEECH PATHOLOGY	0.496511	0	299,128	0	68.00
69.00 ELECTROCARDIOLOGY	0.506335	0	80,284	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.270195	0	141,263	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307991	0	2,032,891	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.353752	0	1,128,083	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.402246	0	1,081,268	0	73.00
74.00 RENAL DIALYSIS	0.685011	0	43,109	0	74.00
75.00 ASC (NON-DISTINCT PART)	1.343542	0	362,146	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	1.367644	0	737,004	0	90.00
91.00 EMERGENCY	0.514904	0	1,246,241	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.346728	0	251,884	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0.201958		64,488		94.00
95.00 AMBULANCE SERVICES	1.043243	0	106,412		95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00 Subtotal (see instructions)		0	15,525,722	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	15,525,722	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:35 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	677,923	0		50.00
51.00 RECOVERY ROOM	0	307,045	0		51.00
53.00 ANESTHESIOLOGY	0	6,553	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	261,678	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	80,015	0		55.00
57.00 CT SCAN	0	27,247	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	112,381	0		58.00
59.00 CARDIAC CATHETERIZATION	0	272,754	0		59.00
60.00 LABORATORY	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	240,747	0		63.00
65.00 RESPIRATORY THERAPY	0	38,950	0		65.00
66.00 PHYSICAL THERAPY	0	103,710	0		66.00
67.00 OCCUPATIONAL THERAPY	0	61,230	0		67.00
68.00 SPEECH PATHOLOGY	0	148,520	0		68.00
69.00 ELECTROCARDIOLOGY	0	40,651	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	38,169	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	626,112	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	399,062	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	434,936	0		73.00
74.00 RENAL DIALYSIS	0	29,530	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	486,558	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	1,007,959	0		90.00
91.00 EMERGENCY	0	641,694	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	339,219	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		13,024	0		94.00
95.00 AMBULANCE SERVICES		111,014			95.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	0	6,506,681	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	6,506,681	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 8:35 am
Cost Center Description		Tefra		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,418	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,418	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)		40,418	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)		228	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)		50,962,687	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,962,687	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		40,066,611	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		40,066,611	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.271949	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)		991.31	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)		50,962,687	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)		1,260.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		287,483	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)		287,483	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:35 am		
Cost Center Description			Title XVIII		Hospital	Tefra	
	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	17,629,989	7,471	2,359.79	24	56,635	43.00	
44.00	11,063,618	4,079	2,712.34	0	0	44.00	
45.00						45.00	
46.00						46.00	
47.00	35,009,628	21,912	1,597.74	0	0	47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					514,389	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					858,507	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)					46,566	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					45,877	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					92,443	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					766,064	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					33	54.00
55.00	Target amount per discharge					23,938.83	55.00
56.00	Target amount (line 54 x line 55)					789,981	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					23,917	57.00
58.00	Bonus payment (see instructions)					3,588	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					12,499.83	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					18,667.92	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)					862,095	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)					2,356	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,260.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,970,657	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,373,897	50,962,687	0.144692	2,970,657	429,830	90.00
91.00	Nursing School cost	0	50,962,687	0.000000	2,970,657	0	91.00
92.00	Allied health cost	0	50,962,687	0.000000	2,970,657	0	92.00
93.00	All other Medical Education	0	50,962,687	0.000000	2,970,657	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2012 8:35 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,418	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,418	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)		40,418	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,867	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)		50,962,687	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,962,687	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		40,066,611	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		40,066,611	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.271949	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)		991.31	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)		50,962,687	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)		1,260.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,397,642	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)		7,397,642	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:35 am		
Cost Center Description			Title XIX	Hospital	Cost		
	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	17,629,989	7,471	2,359.79	1,134	2,676,002	43.00	
44.00	11,063,618	4,079	2,712.34	762	2,066,803	44.00	
45.00						45.00	
46.00						46.00	
47.00	35,009,628	21,912	1,597.74	4,351	6,951,767	47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,898,170	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,990,384	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,356	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,260.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,970,657	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:35 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:35 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		216,828		30.00
31.00	INTENSIVE CARE UNIT		63,456		31.00
32.00	CORONARY CARE UNIT		0		32.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.543992	143,936	78,300	50.00
51.00	RECOVERY ROOM	0.635497	13,013	8,270	51.00
53.00	ANESTHESIOLOGY	0.015399	40,026	616	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.200946	46,172	9,278	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.371667	7,419	2,757	55.00
57.00	CT SCAN	0.050747	8,320	422	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.054141	18,284	990	58.00
59.00	CARDIAC CATHETERIZATION	0.473655	0	0	59.00
60.00	LABORATORY	0.203952	233,083	47,538	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.346024	15,137	5,238	63.00
65.00	RESPIRATORY THERAPY	0.327194	35,512	11,619	65.00
66.00	PHYSICAL THERAPY	0.904562	5,660	5,120	66.00
67.00	OCCUPATIONAL THERAPY	0.379838	2,111	802	67.00
68.00	SPEECH PATHOLOGY	0.496511	2,310	1,147	68.00
69.00	ELECTROCARDIOLOGY	0.506335	38,177	19,330	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.270195	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307991	202,272	62,298	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.353752	298,979	105,764	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.402246	273,944	110,193	73.00
74.00	RENAL DIALYSIS	0.685011	56,461	38,676	74.00
75.00	ASC (NON-DISTINCT PART)	1.343542	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	1.367644	2,233	3,054	90.00
91.00	EMERGENCY	0.514904	5,781	2,977	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.346728	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.201958	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,448,830	514,389	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)		1,448,830		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:35 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		5,830,485		30.00
31.00	INTENSIVE CARE UNIT		2,967,852		31.00
32.00	CORONARY CARE UNIT		2,090,903		32.00
35.00	NEONATAL INTENSIVE CARE UNIT		11,436,575		35.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.543992	4,149,016	2,257,032	50.00
51.00	RECOVERY ROOM	0.635497	260,107	165,297	51.00
53.00	ANESTHESIOLOGY	0.015399	725,261	11,168	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.200946	2,036,827	409,292	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.371667	327,328	121,657	55.00
57.00	CT SCAN	0.050747	654,625	33,220	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.054141	1,106,927	59,930	58.00
59.00	CARDIAC CATHETERIZATION	0.473655	393,473	186,370	59.00
60.00	LABORATORY	0.203952	8,938,098	1,822,943	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.346024	1,775,589	614,396	63.00
65.00	RESPIRATORY THERAPY	0.327194	5,158,728	1,687,905	65.00
66.00	PHYSICAL THERAPY	0.904562	563,729	509,928	66.00
67.00	OCCUPATIONAL THERAPY	0.379838	390,664	148,389	67.00
68.00	SPEECH PATHOLOGY	0.496511	210,917	104,723	68.00
69.00	ELECTROCARDIOLOGY	0.506335	709,282	359,134	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.270195	461,005	124,561	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.307991	8,190,733	2,522,672	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.353752	2,747,556	971,953	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.402246	10,306,344	4,145,686	73.00
74.00	RENAL DIALYSIS	0.685011	6,806	4,662	74.00
75.00	ASC (NON-DISTINCT PART)	1.343542	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	1.367644	189,560	259,251	90.00
91.00	EMERGENCY	0.514904	657,582	338,592	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.346728	26,208	35,295	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.201958	20,373	4,114	94.00
95.00	AMBULANCE SERVICES				95.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		50,006,738	16,898,170	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)		50,006,738		202.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

		Kidney		Hospital	Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	4,634	1,260.89	7	8,826
2.00	INTENSIVE CARE UNIT	43.00	27,651	2,359.79	3	7,079
3.00	CORONARY CARE UNIT	44.00	0	2,712.34	0	0
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,597.74	0	0
7.00	TOTAL (sum of lines 1-6)		32,285		10	15,905
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.543992	65,148	35,440
9.00	RECOVERY ROOM		51.00	0.635497	5,576	3,544
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0
11.00	ANESTHESIOLOGY		53.00	0.015399	12,207	188
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.200946	1,840	370
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.371667	3,060	1,137
14.00	RADIOISOTOPE		56.00	0.000000	0	0
15.00	CT SCAN		57.00	0.050747	4,312	219
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.054141	0	0
17.00	CARDIAC CATHETERIZATION		59.00	0.473655	1,770	838
18.00	LABORATORY		60.00	0.203952	33,063	6,743
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.346024	0	0
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0
23.00	RESPIRATORY THERAPY		65.00	0.327194	6,516	2,132
24.00	PHYSICAL THERAPY		66.00	0.904562	0	0
25.00	OCCUPATIONAL THERAPY		67.00	0.379838	0	0
26.00	SPEECH PATHOLOGY		68.00	0.496511	0	0
27.00	ELECTROCARDIOLOGY		69.00	0.506335	1,317	667
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.270195	0	0
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.307991	23,551	7,253
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.353752	0	0
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.402246	6,968	2,803
32.00	RENAL DIALYSIS		74.00	0.685011	0	0
33.00	ASC (NON-DISTINCT PART)		75.00	1.343542	0	0
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	0
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0
37.00	CLINIC		90.00	1.367644	150	205
38.00	EMERGENCY		91.00	0.514904	0	0
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.346728	0	0
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	0
41.00	TOTAL (sum of lines 8-40)				165,478	61,539
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	7	0
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	0
44.00	CORONARY CARE UNIT		4.00	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	0
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	0
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	0
48.00	TOTAL (sum of lines 42 through 47)				10	0

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description	Kidney		Hospital		Tefra	
	D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	50.00
51.00	EMERGENCY	23.00	0	0.000000	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT PART)	24.00	0	0.000000	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	0	0.000000	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	0	0.000000	0	54.00
55.00			150		0	55.00

Cost Center Description	Cost		Charges		
	Part A	Part B	Part A	Part B	
	1.00	2.00	3.00	4.00	
PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	77,444		197,763	56.00
57.00	Interns and Residents (inpatient)	0		0	57.00
58.00	Interns and Residents (outpatient)	0		0	58.00
59.00	Direct Organ Acquisition (see instructions)	208,321		211,876	59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0	60.00
61.00	Total (sum of lines 56 thru 60)	285,765		409,639	61.00
62.00	Total Usable Organs (see instructions)		20		62.00
63.00	Medicare Usable Organs (see instructions)		13		63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.650000		64.00
65.00	Medicare Cost/Charges (see instructions)	185,747		266,265	65.00
66.00	Revenue for Organs Sold	57,475		57,475	66.00
67.00	Subtotal (Line 65 minus line 66)	128,272		208,790	67.00
68.00	Organs Furnished Part B	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	128,272	0	208,790	69.00

Cost Center Description	Living Related	Cadaveric	Revenue		
	1.00	2.00	3.00		
PART IV - STATISTICS					
70.00	Organs Excised in Provider (1)	4	11	70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00	
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00	
73.00	Organs Purchased from OPOs	0	5	73.00	
74.00	Total (sum of lines 70 thru 73)	4	16	74.00	
75.00	Organs Transplanted	4	5	417,621	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	11	57,475	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0	81.00
82.00	Organs Used for Research	0	0	0	82.00
83.00	Unusable/Discarded Organs	0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	4	16		84.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

		Liver		Hospital		Tefra	
Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	2,808	1,260.89	4	5,044	1.00
2.00	INTENSIVE CARE UNIT	43.00	11,370	2,359.79	3	7,079	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,712.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,597.74	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		14,178		7	12,123	7.00
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0		1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.543992	29,014	15,783	8.00	
9.00	RECOVERY ROOM	51.00	0.635497	2,153	1,368	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015399	4,130	64	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.200946	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.371667	1,485	552	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.050747	777	39	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054141	4,690	254	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.473655	0	0	17.00	
18.00	LABORATORY	60.00	0.203952	21,376	4,360	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.346024	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.327194	2,238	732	23.00	
24.00	PHYSICAL THERAPY	66.00	0.904562	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.379838	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.496511	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.506335	309	156	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.270195	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.307991	7,965	2,453	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.353752	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.402246	5,212	2,097	31.00	
32.00	RENAL DIALYSIS	74.00	0.685011	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	1.343542	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.367644	0	0	37.00	
38.00	EMERGENCY	91.00	0.514904	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.346728	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00	
41.00	TOTAL (sum of lines 8-40)			79,349	27,858	41.00	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	4	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00	

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

Provider CCN: 263301

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

Worksheet D-4

Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description	Liver		Hospital		Tefra	
	D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	50.00
51.00	EMERGENCY	23.00	0	0.000000	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT PART)	24.00	0	0.000000	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	0	0.000000	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	0	0.000000	0	54.00
55.00			0		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	39,981		93,527		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	551,564		560,976		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	591,545		654,503		61.00
62.00	Total Usable Organs (see instructions)		15			62.00
63.00	Medicare Usable Organs (see instructions)		4			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.266667			64.00
65.00	Medicare Cost/Charges (see instructions)	157,746		174,534		65.00
66.00	Revenue for Organs Sold	23,913		23,913		66.00
67.00	Subtotal (Line 65 minus line 66)	133,833		150,621		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	133,833	0	150,621	0	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	1	4	70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0	71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0	72.00
73.00	Organs Purchased from OPOs	0	14	73.00
74.00	Total (sum of lines 70 thru 73)	1	18	74.00
75.00	Organs Transplanted	1	14	859,589
76.00	Organs Sold to Other Hospitals	0	0	0
77.00	Organs Sold to OPOs	0	4	23,913
78.00	Organs Sold to Transplant Hospitals	0	0	0
79.00	Organs Sold to Military or VA Hospitals	0	0	0
80.00	Organs Sold Outside the U.S.	0	0	0
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0	0
82.00	Organs Used for Research	0	0	0
83.00	Unusable/Discarded Organs	0	0	0
84.00	Total (sum of lines 75 thru 83 should equal line 74)	1	18	0

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Heart							
Hospital							
Tefra							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,260.89	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	2,291	2,359.79	1	2,360	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,712.34	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,597.74	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		2,291		1	2,360	7.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
Cost Center Description		C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
8.00	OPERATING ROOM	50.00	0.543992	2,752	1,497	8.00	
9.00	RECOVERY ROOM	51.00	0.635497	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.015399	372	6	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.200946	0	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.371667	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.050747	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.054141	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.473655	0	0	17.00	
18.00	LABORATORY	60.00	0.203952	4,217	860	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.346024	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.327194	804	263	23.00	
24.00	PHYSICAL THERAPY	66.00	0.904562	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.379838	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.496511	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.506335	3,012	1,525	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.270195	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.307991	76	23	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.353752	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.402246	0	0	31.00	
32.00	RENAL DIALYSIS	74.00	0.685011	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	1.343542	0	0	33.00	
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	1.367644	0	0	37.00	
38.00	EMERGENCY	91.00	0.514904	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	1.346728	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	40.00	
41.00	TOTAL (sum of lines 8-40)			11,233	4,174	41.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00	

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description	Heart		Hospital		Tefra	
	D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		

Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program						
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	22.00	0	0.000000	0	50.00
51.00	EMERGENCY	23.00	0	0.000000	0	51.00
52.00	OBSERVATION BEDS (NON-DISTINCT PART)	24.00	0	0.000000	0	52.00
53.00	OTHER OUTPATIENT SERVICE COST CENTER	25.00	0	0.000000	0	53.00
54.00	TOTAL (sum of lines 49 through 52)	26.00	0	0.000000	0	54.00
55.00			0		0	55.00

Cost Center Description	Cost		Charges	
	Part A	Part B	Part A	Part B
	1.00	2.00	3.00	4.00

PART III - SUMMARY OF COSTS AND CHARGES						
56.00	Routine and Ancillary from Part I	6,534		13,524		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	1,541,743		1,662,444		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	1,548,277		1,675,968		61.00
62.00	Total Usable Organs (see instructions)		20			62.00
63.00	Medicare Usable Organs (see instructions)		1			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.050000			64.00
65.00	Medicare Cost/Charges (see instructions)	77,414		83,798		65.00
66.00	Revenue for Organs Sold	9,467		9,467		66.00
67.00	Subtotal (Line 65 minus line 66)	67,947		74,331		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	67,947	0	74,331	0	69.00

Cost Center Description	Living Related	Cadaveric	Revenue
	1.00	2.00	3.00

PART IV - STATISTICS						
70.00	Organs Excised in Provider (1)		0	1		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00
73.00	Organs Purchased from OPOs		0	19		73.00
74.00	Total (sum of lines 70 thru 73)		0	20		74.00
75.00	Organs Transplanted		0	19	3,058,887	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	1	9,467	77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00
80.00	Organs Sold Outside the U.S.		0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00
82.00	Organs Used for Research		0	0	0	82.00
83.00	Unusable/Discarded Organs		0	0	0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	20		84.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)
		0	1.00	2.00	3.00	4.00
Part I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	1,260.89	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	2,359.79	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	2,712.34	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	47.00	0	1,597.74	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	7.00
Cost Center Description			C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs
			0	1.00	2.00	3.00
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM		50.00	0.543992	0	8.00
9.00	RECOVERY ROOM		51.00	0.635497	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.015399	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.200946	0	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.371667	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	14.00
15.00	CT SCAN		57.00	0.050747	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.054141	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.473655	0	17.00
18.00	LABORATORY		60.00	0.203952	0	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.346024	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.327194	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.904562	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.379838	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.496511	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.506335	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.270195	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.307991	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.353752	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.402246	0	31.00
32.00	RENAL DIALYSIS		74.00	0.685011	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	1.343542	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS		76.00	0.000000	0	34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	36.00
37.00	CLINIC		90.00	1.367644	0	37.00
38.00	EMERGENCY		91.00	0.514904	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	1.346728	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER		93.00	0.000000	0	40.00
41.00	TOTAL (sum of lines 8-40)				0	41.00
Cost Center Description			D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)
			0	1.00	2.00	3.00
Part II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)						
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program						
42.00	ADULTS & PEDIATRICS		2.00	0.00	0	42.00
43.00	INTENSIVE CARE UNIT		3.00	0.00	0	43.00
44.00	CORONARY CARE UNIT		4.00	0.00	0	44.00
45.00	BURN INTENSIVE CARE UNIT		5.00	0.00	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT		6.00	0.00	0	46.00
47.00	NEONATAL INTENSIVE CARE UNIT		7.00	0.00	0	47.00
48.00	TOTAL (sum of lines 42 through 47)				0	48.00

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

Provider CCN: 263301

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2012 8:35 am

		Lung		Hospital		Tefra	
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges From Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0		49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0		50.00
51.00	CLINIC	23.00	0	0.000000	0		51.00
52.00	EMERGENCY	24.00	0	0.000000	0		52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0		53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0		54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0		55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	0		0			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,227,593		1,199,362			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,227,593		1,199,362			61.00
62.00	Total Usable Organs (see instructions)		28				62.00
63.00	Medicare Usable Organs (see instructions)		0				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (Line 63 ÷ Line 62)		0.000000				64.00
65.00	Medicare Cost/Charges (see instructions)	0		0			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (Line 65 minus line 66)	0		0			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	0	0	0	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0		0		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		28		73.00
74.00	Total (sum of lines 70 thru 73)		0		28		74.00
75.00	Organs Transplanted		0		28		75.00
76.00	Organs Sold to Other Hospitals		0		0		76.00
77.00	Organs Sold to OPOs		0		0		77.00
78.00	Organs Sold to Transplant Hospitals		0		0		78.00
79.00	Organs Sold to Military or VA Hospitals		0		0		79.00
80.00	Organs Sold Outside the U.S.		0		0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0		81.00
82.00	Organs Used for Research		0		0		82.00
83.00	Unusable/Discarded Organs		0		0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0		28		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:35 am
		Title XVIII	Hospital	Tefra
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,198	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		230,370	2.00
3.00	PPS payments		88,423	3.00
4.00	Outlier payment (see instructions)		1,356	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.890	5.00
6.00	Line 2 times line 5		205,029	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		43.79	7.00
8.00	Transitional corridor payment (see instructions)		115,250	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)		11,198	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		8,960	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)		8,960	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		8,960	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)		2,238	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,960	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)		205,029	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,907	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		18,720	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)		193,362	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		4,896	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)		198,258	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		198,258	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)		198,258	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)		198,258	40.00
41.00	Interim payments		216,508	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)		-18,250	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: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:35 am
		Title XVIII	Hospital
			Tefra
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 263301

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:35 am

		Title XVIII		Hospital		Tefra	
		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		1,225,120		216,508		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)		1,225,120		216,508		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		8,882		18,250		6.02
7.00	Total Medicare program liability (see instructions)		1,216,238		198,258		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 263301

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2012 8:35 am

		Title XVIII	Hospital	Tefra
		1.00		
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		11,581	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		252	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		71,524	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		697,451,549	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		0	32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part I Date/Time Prepared: 5/29/2012 8:35 am
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		862,095	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		330,052	2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		1,192,147	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5)		1,192,147	6.00
7.00	Deductibles		0	7.00
8.00	Subtotal (line 6 minus line 7)		1,192,147	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		1,192,147	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		1,192,147	14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		24,091	15.00
16.00	THIS LINE SHOULD NOT BE USED			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		1,216,238	18.00
19.00	Interim payments		1,225,120	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 and 20)		-8,882	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 8:35 am
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		35,990,384	1.00
2.00	Medical and other services		6,506,681	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		42,497,065	4.00
5.00	Inpatient primary payer payments		21,810,791	5.00
6.00	Outpatient primary payer payments		5,550,148	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		15,136,126	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		22,325,815	8.00
9.00	Ancillary service charges		65,532,460	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)		87,858,275	12.00
CUSTOMARY CHARGES				
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)		87,858,275	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		45,361,210	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)		42,497,065	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.		42,497,065	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)		15,136,126	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)		15,136,126	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		15,136,126	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		3,068,891	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		18,205,017	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		18,205,017	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: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:35 am	
		Title XVII	Hospital	Tefra	
				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.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			161.82	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	78.40	60.64	139.04	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.	56.58	43.77	100.35	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	56.58	43.77		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	58.51	43.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.58	41.10		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.56	42.71		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	58.56	42.71		17.00
18.00	Per resident amount	81,248.43	81,248.43		18.00
19.00	Approved amount for resident costs	4,757,908	3,470,120	8,228,028	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			45.03	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)			8,228,028	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	252	0		26.00
27.00	Total Inpatient Days	71,524	71,524		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003523	0.000000		28.00
29.00	Program direct GME amount	28,987	0		29.00
30.00	Reduction for nursing/allied health		0		30.00
31.00	Net Program direct GME amount			28,987	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:35 am
		Title XVIII	Hospital	Tefra
				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)		1,628,569	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)		858,507	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		330,052	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,188,559	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		241,568	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		241,568	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		1,430,127	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.831086	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.168914	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		28,987	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		24,091	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		4,896	50.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:35 am	
		Title XIX	Hospital	Cost	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			113.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			3.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			116.79	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			161.82	6.00
7.00	Enter the lesser of line 5 or line 6			116.79	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.	78.40	60.64	139.04	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.	56.58	43.77	100.35	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	56.58	43.77		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	56.58	43.77		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.51	43.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	57.22	43.60		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	57.22	43.60		17.00
18.00	Per resident amount	81,248.43	81,248.43		18.00
19.00	Approved amount for resident costs	4,649,035	3,542,432	8,191,467	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			45.03	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)			8,191,467	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	12,114	17,098		26.00
27.00	Total Inpatient Days	71,524	71,524		27.00
28.00	Ratio of inpatient days to total inpatient days	0.169370	0.239053		28.00
29.00	Program direct GME amount	1,387,389	1,958,195		29.00
30.00	Reduction for nursing/allied health		276,693		30.00
31.00	Net Program direct GME amount			3,068,891	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 8:35 am
		Title XIX	Hospital	Cost
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		0	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		0	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		0	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		0	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		0	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.000000	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.000000	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,068,891	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 263301

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

Worksheet G
Date/Time Prepared:
5/29/2012 8:35 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	95,751	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	98,473,546	0	0	0	4.00
5.00	Other receivable	1,476,765	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-35,720,538	0	0	0	6.00
7.00	Inventory	9,735,597	0	0	0	7.00
8.00	Prepaid expenses	671,635	0	0	0	8.00
9.00	Other current assets	693,571	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)	75,426,327	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,508,366	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	332,775,357	0	0	0	15.00
16.00	Accumulated depreciation	-197,095,244	0	0	0	16.00
17.00	Leasehold improvements	912,468	0	0	0	17.00
18.00	Accumulated depreciation	-912,468	0	0	0	18.00
19.00	Fixed equipment	119,046,670	0	0	0	19.00
20.00	Accumulated depreciation	-91,994,380	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	63,368,643	0	0	0	23.00
24.00	Accumulated depreciation	-39,623,767	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)	192,985,645	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	301,268,157	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	301,268,157	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	569,680,129	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,063,401	0	0	0	37.00
38.00	Salaries, wages, and fees payable	41,769,068	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-40,853,057	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,979,412	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	35,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	35,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	5,014,412	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	564,665,717				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	564,665,717	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	569,680,129	0	0	0	60.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 263301

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 8:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,066,611		40,066,611	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	40,066,611		40,066,611	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,988,004		19,988,004	11.00
12.00	CORONARY CARE UNIT	11,279,945		11,279,945	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	56,245,693		56,245,693	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	87,513,642		87,513,642	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	127,580,253		127,580,253	17.00
18.00	Ancillary services	329,897,751	183,340,073	513,237,824	18.00
19.00	Outpatient services	8,242,347	40,946,650	49,188,997	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	4,000,067	643,091	4,643,158	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)	103,018	0	103,018	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	469,823,436	224,929,814	694,753,250	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		402,858,747		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		402,858,747		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 263301

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 8:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	694,753,250	1.00
2.00	Less contractual allowances and discounts on patients' accounts	275,907,811	2.00
3.00	Net patient revenues (line 1 minus line 2)	418,845,439	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	402,858,747	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,986,692	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,879,386	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	5,778,932	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	44,932	21.00
22.00	Rental of hospital space	936,489	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	6,496,966	24.00
25.00	Total other income (sum of lines 6-24)	20,136,705	25.00
26.00	Total (line 5 plus line 25)	36,123,397	26.00
27.00	PHYSICIAN PRACTICE	483,211	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	483,211	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	35,640,186	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 263301

Period:

Worksheet I-1

Component CCN: 262309

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

Date/Time Prepared:
5/29/2012 8:35 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	48,909	Hours of Service	1,714.00	0.82	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	48,909				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	0	Requisitions			14.00
15.00	Drugs	49,752	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	98,661				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	66,283	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	89,548	Percentage of Time			19.00
20.00	Employee Benefits	4,440	Salary			20.00
21.00	Administrative & General	86,890	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	136,701	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	2,254	Requisitions			25.00
26.00	Other Allocated Costs	84,373	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	569,150				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	569,150				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2011	Worksheet 1-2
		Component CCN: 262309	To 12/31/2011	Date/Time Prepared: 5/29/2012 8:35 am
		Renal Dialysis		

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	202,984	89,548	48,909	0	4,440	1.00
MAINTENANCE							
2.00	Hemodialysis	106,789	26,118	36,818	0	3,344	2.00
3.00	Intermittent Peritoneal	845	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	259	0	23	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	95,350	63,430	11,832	0	1,073	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	202,984	89,548	48,909	0	4,440	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2011	Worksheet 1-2
		Component CCN: 262309	To 12/31/2011	Date/Time Prepared: 5/29/2012 8:35 am
			Renal Dialysis	

	Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead		
	6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	52,006	0	0	397,887	171,263	1.00
MAINTENANCE							
2.00	Hemodialysis	27,364	0	0	200,433	86,273	2.00
3.00	Intermittent Peritoneal	221	0	0	1,066	459	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	282	121	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	24,421	0	0	196,106	84,410	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	36,544					14.00
15.00	ARANESP (include in Renal Department)	13,208					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	52,006	0	0	397,887	171,263	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2
		Component CCN: 262309	Date/Time Prepared: 5/29/2012 8:35 am	
		Renal Dialysis		

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	569,150	1.00
MAINTENANCE			
2.00	Hemodialysis	286,706	2.00
3.00	Intermittent Peritoneal	1,525	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	403	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	280,516	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	569,150	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	569,150	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/29/2012 8:35 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		202,984	89,548	48,909	0	1.00
MAINTENANCE							
2.00	Hemodialysis		1,643	0.14	1,562.00	0.00	2.00
3.00	Intermittent Peritoneal		13	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	11.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	332	1,467	0.34	502.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		3,123	0.48	2,075.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		64.996478	186,558.333333	23.570602	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/29/2012 8:35 am

		Renal Dialysis				Subtotal	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)		
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	4,440	52,006	0	0	397,887	1.00
MAINTENANCE							
2.00	Hemodialysis	67,594	26,178	13,209	0		2.00
3.00	Intermittent Peritoneal	0	211	107	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	472	0	9,734	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	21,696	23,363	11,789	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	89,762	49,752	34,839	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.049464	1.045305	0.000000	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-3
Date/Time Prepared:
5/29/2012 8:35 am

		Overhead (Accum. Cost) 10.00	
1.00	Total Renal Department Costs	171,263	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	397,887	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.430431	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301

Period: From 01/01/2011

Worksheet 1-4

Component CCN: 262309

To 12/31/2011

Date/Time Prepared: 5/29/2012 8:35 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	446	286,706	642.84	268	172,281	1.00
2.00	Maintenance - Peritoneal Dialysis	258	1,525	5.91	71	420	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	403	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	704	288,634		339	172,701	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 263301
Component CCN: 262309

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

Worksheet 1-4
Date/Time Prepared:
5/29/2012 8:35 am

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Rate 0	Renal Dialysis
		6.00	7.00		
1.00	Maintenance - Hemodialysis	56,501	210.82		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	56,501			11.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet I-1 Date/Time Prepared: 5/29/2012 8:35 am
		Home Program Dialysis	Tefra

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	0	Hours of Service	0.00	0.00	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	0				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	120,625	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	120,625				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits	0	Salary			20.00
21.00	Administrative & General	40,478	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	0	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	0	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	161,103				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	161,103				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-2 Date/Time Prepared: 5/29/2012 8:35 am	
				Home Program Dialysis		Tefra	
		Capital Related Costs		Direct Patient Care Salary			
		Buiding	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	0	0	0	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	0	0	0	0	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301			Period: From 01/01/2011 To 12/31/2011		Worksheet 1-2	
					Home Program Di al ysi s		Date/Time Prepared: 5/29/2012 8:35 am	
					Tefra			
		Drugs	Medi cal Suppl i es	Routi ne Ancil l ary Servi ces	Subtotal (sum of col s. 1-8)	Overhead		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	0	120,625	0	120,625	40,478	1.00	
MAINTENANCE								
2.00	Hemodi al ysi s	0	0	0	0	0	2.00	
3.00	Intermi ttent Peri toneal	0	0	0	0	0	3.00	
TRAI NI NG								
4.00	Hemodi al ysi s	0	0	0	0	0	4.00	
5.00	Intermi ttent Peri toneal	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	6.00	
7.00	CCDP	0	0	0	0	0	7.00	
HOME								
8.00	Hemodi al ysi s	0	0	0	0	0	8.00	
9.00	Intermi ttent Peri toneal	0	0	0	0	0	9.00	
10.00	CAPD	0	120,625	0	120,625	40,478	10.00	
11.00	CCDP	0	0	0	0	0	11.00	
OTHER BILLABLE SERVICES								
12.00	Inpatient Di al ysi s	0	0	0	0	0	12.00	
13.00	Method II Home Patient	0	0	0	0	0	13.00	
14.00	EPO (include in Renal Department)	0	0	0	0	0	14.00	
15.00	ARANESP (include in Renal Department)	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2-16)	0	120,625	0	120,625	40,478	17.00	
18.00	Medical Educational Program Costs						18.00	
19.00	Total Renal Costs (line 17 + line 18)						19.00	

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2 Date/Time Prepared: 5/29/2012 8:35 am
			Home Program Dialysis	Tefra

		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	161,103	1.00
MAINTENANCE			
2.00	Hemodialysis	0	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	161,103	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0	12.00
13.00	Method II Home Patient	0	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	0	16.00
17.00	Total (sum of lines 2-16)	161,103	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	161,103	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-3	
				Home Program Dialysis		Date/Time Prepared: 5/29/2012 8:35 am	
				Tefra			
		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		0	0	0	0	1.00
MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		0	0.00	0.00	0.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		0.000000	0.000000	0.000000	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-3 Date/Time Prepared: 5/29/2012 8:35 am
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		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Home Program Dialysis	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00		8.00	9.00	
1.00	Total Renal Department Costs	0	0	120,625	0	0	120,625	1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	120,625	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO	0	0	0	0	0	0	14.00
15.00	ARANESP	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total Statistical Basis	0	0	120,625	0	0	0	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.000000	0.000000	1.000000	0.000000	0.000000	0.000000	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-3 Date/Time Prepared: 5/29/2012 8:35 am
			Home Program Dialysis	Tefra

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	40,478	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	120,625	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.335569	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS		Provider CCN: 263301		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-4	
		Rate 0		Home Program Dialysis		Date/Time Prepared: 5/29/2012 8:35 am	
		Tefra					
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	364	161,103	442.59	364	161,103	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	0	161,103		0	161,103	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 263301	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-4 Date/Time Prepared: 5/29/2012 8:35 am
	Rate 0	Home Program Dialysis	Tefra

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	0	0.00	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00	6.00
7.00	Home Program - Hemodialysis	0	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00	8.00
		6.00	7.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	77,634	213.28	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	77,634		11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 263301

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

Worksheet I-5

Date/Time Prepared:
5/29/2012 8:35 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	333,804	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	134,135	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	28,311	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	28,311	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	107,308	9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	198,185	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00