This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm

PART I - COST REPORT STATUS

Provider use only
1. [X] Electronically filed cost report Date: Time:
2. [X] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN

10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 UNIVERSITY OF WI HOSPITALS & CLINICS for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 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

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	3,203,272	687,971	2,709,399	31,082,378	1.00
2.00	Subprovider - IPF	0	-4,666	-18,833		0	2.00
3.00	Subprovider - IRF	0	-6,225	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	3,192,381	669,138	2,709,399	31,082,378	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: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 HIGHLAND AVE	PO Box:			1.00
2.00	City: MADISON	State: WI	Zip Code: 53792	County: DANE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	UNIVERSITY OF WI HOSPITALS & CLINICS	520098	31540	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	UWHC - PSYCHIATRIC UNIT	52S098	31540	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	UWHC - REHABILITATION UNIT	52T098	31540	5	07/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF						N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	UWHC - HHA	527220	31540		03/13/1992	N	N	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2010	06/30/2011	20.00
21.00	Type of Control (see instructions)	10		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "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.	9,099	5,214	988	1,086	4,577	0	24.00
25.00	If this provider is an IRF then enter the in-state Mediciad paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid 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.	435	253	0	29	144	0	25.00

		1.00	
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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

		Beginning: 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	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	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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.				
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	3.22	268.80	0.011837	64.00

		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	
65.00	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	5250	1.67	86.77	0.018883	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
	1.00	2.00	3.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	2.98	280.17	0.010524	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	5250	2.22	86.79	0.024941	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm

		V	XIX	
		1.00	2.00	
	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	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					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.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		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.	1,000,000	3,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
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.	09/01/1977		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.	09/24/1991		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.	03/08/1990		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.	02/02/1995		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.	07/01/1966		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.	52P001		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		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:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm

		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 - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

			1.00	
	Multicampus			
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	36,799,615	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A			
		Description	Y/N	Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			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)		Y	12/09/2011		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:					20.00

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

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)			
	Capital Related Cost			
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			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)	N			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)	Y	12/09/2011		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:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		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	368	134,344	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)		368	134,344	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	0	0.00		8.00
8.01	TRAUMA INTENSIVE CARE UNIT	31.01	24	8,760	0.00		8.01
8.02	CARDIOTHORACIC SURGERY ICU	31.02	8	2,920	0.00		8.02
8.03	CARDIAC INTENSIVE CARE UNIT	31.03	7	2,555	0.00		8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	31.04	21	7,665	0.00		8.04
8.05	NEURO INTENSIVE CARE UNIT	31.05	16	5,840	0.00		8.05
9.00	CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	7	2,531	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		451	164,615	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	18	6,570			16.00
17.00	SUBPROVIDER - IRF	41.00	21	7,665			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00	NURSING FACILITY	45.00	0	0			20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		490				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	37,746	9,099	105,493		1.00
2.00	HMO		8,047	11,865			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	426			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	37,746	9,099	105,493		7.00
8.00	INTENSIVE CARE UNIT	0	0	0	0		8.00
8.01	TRAUMA INTENSIVE CARE UNIT	0	18	0	7,578		8.01
8.02	CARDIOTHORACIC SURGERY ICU	0	1,461	0	1,777		8.02
8.03	CARDIAC INTENSIVE CARE UNIT	0	50	0	1,608		8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT	0	9	0	4,349		8.04
8.05	NEURO INTENSIVE CARE UNIT	0	3,757	0	4,558		8.05
9.00	CORONARY CARE UNIT	0	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	135	0	1,957		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		0	0		13.00
14.00	Total (see instructions)	0	43,176	9,099	127,320		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	1,714	0	5,537		16.00
17.00	SUBPROVIDER - IRF	0	1,827	435	5,860		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00	NURSING FACILITY	0		0	0		20.00
21.00	OTHER LONG TERM CARE				0		21.00
22.00	HOME HEALTH AGENCY	0	0	10,031	17,653		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		0	0	0		24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		268	3,451		28.00
28.01	SUBPROVIDER - IPF	0	0	0	0		28.01
28.02	SUBPROVIDER - IRF	0	0	0	0		28.02
28.03	SUBPROVIDER	0	0	0	0		28.03
29.00	Ambulance Trips		207				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: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	7,672	1.00
2.00	HMO					1,363	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	TRAUMA INTENSIVE CARE UNIT						8.01
8.02	CARDIOTHORACIC SURGERY ICU						8.02
8.03	CARDIAC INTENSIVE CARE UNIT						8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT						8.04
8.05	NEURO INTENSIVE CARE UNIT						8.05
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	354.90	6,203.65	0.00	0	7,672	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	3.51	27.30	0.00	0	246	16.00
17.00	SUBPROVIDER - IRF	1.49	35.44	0.00	0	121	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00	NURSING FACILITY	0.00	0.00	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	20.10	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	0.00	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	359.90	6,286.49	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,562	25,388		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
8.01	TRAUMA INTENSIVE CARE UNIT				8.01
8.02	CARDIOTHORACIC SURGERY ICU				8.02
8.03	CARDIAC INTENSIVE CARE UNIT				8.03
8.04	PEDIATRIC INTENSIVE CARE UNIT				8.04
8.05	NEURO INTENSIVE CARE UNIT				8.05
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	1,562	25,388		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	997		16.00
17.00	SUBPROVIDER - IRF	43	378		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/17/2012 5:36 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	376,301,599	0	218,001	376,519,600	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	20,429,021	0	0	20,429,021	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		25,349,209	0	958,349	26,307,558	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,988,981	0	0	1,988,981	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		13,964,427	0	0	13,964,427	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		2,488,486	0	0	2,488,486	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		162,709,172	-20,060,897	0	142,648,275	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0	0	18.00
19.00	Excluded areas		11,232,700	0	0	11,232,700	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		8,828,197	0	0	8,828,197	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	4,191,646	0	0	4,191,646	26.00
27.00	Administrative & General	5.00	45,031,291	0	-98,734	44,932,557	27.00
28.00	Administrative & General under contract (see inst.)		480,703	0	0	480,703	28.00
29.00	Maintenance & Repairs	6.00	3,478,347	0	24	3,478,371	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	52,285	0	0	52,285	31.00
32.00	Housekeeping	9.00	7,935,668	0	0	7,935,668	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	6,133,009	0	-946,864	5,186,145	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	14,099,244	0	0	14,099,244	38.00
39.00	Central Services and Supply	14.00	5,339,334	0	-1,889,460	3,449,874	39.00
40.00	Pharmacy	15.00	16,489,569	0	0	16,489,569	40.00
41.00	Medical Records & Medical Records Library	16.00	8,663,422	0	0	8,663,422	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	778,541	0	0	778,541	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/17/2012 5:36 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART II - WAGE DATA				
	SALARIES				
1.00	Total salaries (see instructions)	12,422,294.00	30.31		1.00
2.00	Non-physician anesthetist Part A	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00	0.00		3.00
4.00	Physician-Part A	0.00	0.00		4.00
5.00	Physician-Part B	0.00	0.00		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	776,334.00	26.31		7.00
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	0.00	0.00		9.00
10.00	Excluded area salaries (see instructions)	777,977.00	33.82		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	37,785.00	52.64		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	109,999.00	126.95		13.00
14.00	Home office salaries & wage-related costs	0.00	0.00		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	45,847.00	54.28		16.00
	WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24				17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25				18.00
19.00	Excluded areas				19.00
20.00	Non-physician anesthetist Part A				20.00
21.00	Non-physician anesthetist Part B				21.00
22.00	Physician Part A				22.00
23.00	Physician Part B				23.00
24.00	Wage-related costs (RHC/FQHC)				24.00
25.00	Interns & residents (in an approved program)				25.00
	OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	136,911.00	30.62		26.00
27.00	Administrative & General	1,339,096.00	33.55		27.00
28.00	Administrative & General under contract (see inst.)	2,611.00	184.11		28.00
29.00	Maintenance & Repairs	129,060.00	26.95		29.00
30.00	Operation of Plant	0.00	0.00		30.00
31.00	Laundry & Linen Service	4,023.00	13.00		31.00
32.00	Housekeeping	530,756.00	14.95		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	367,236.00	14.12		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	0.00	0.00		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	362,319.00	38.91		38.00
39.00	Central Services and Supply	325,056.00	10.61		39.00
40.00	Pharmacy	467,812.00	35.25		40.00
41.00	Medical Records & Medical Records Library	389,494.00	22.24		41.00
42.00	Social Service	0.00	0.00		42.00
43.00	Other General Service	25,917.00	30.04		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520098

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/17/2012 5:36 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		356,353,281	0	218,001	356,571,282	1.00
2.00	Excluded area salaries (see instructions)		25,349,209	0	958,349	26,307,558	2.00
3.00	Subtotal salaries (line 1 minus line 2)		331,004,072	0	-740,348	330,263,724	3.00
4.00	Subtotal other wages & related costs (see inst.)		15,953,408	0	0	15,953,408	4.00
5.00	Subtotal wage-related costs (see inst.)		162,709,172	0	0	162,709,172	5.00
6.00	Total (sum of lines 3 thru 5)		509,666,652	0	-740,348	508,926,304	6.00
7.00	Total overhead cost (see instructions)		112,673,059	0	-2,935,034	109,738,025	7.00

HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/17/2012 5:36 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	11,648,571.00	30.61	1.00
2.00	Excluded area salaries (see instructions)	777,977.00	33.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	10,870,594.00	30.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	147,784.00	107.95	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	49.27	5.00
6.00	Total (sum of lines 3 thru 5)	11,018,378.00	46.19	6.00
7.00	Total overhead cost (see instructions)	4,080,291.00	26.89	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/17/2012 5:36 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	45,646,241	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	77,634,549	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	331,679	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	321,320	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,999,296	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	3,825,801	16.00
	TAXES		
17.00	FICA-Employers Portion Only	28,296,650	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	676,890	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	465,207	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	1,511,539	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	162,709,172	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/17/2012 5:36 pm

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

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 520098 Component CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4 Date/Time Prepared: 1/17/2012 5:36 pm

		Home Health Agency I	
		1.00	
0.00	County	DANE	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	925	0	226	1,151	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	484.00	0.00	646.00	0.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		0.10	0.00	0.10	4.00
5.00	Other Administrative Personnel		3.94	0.00	3.94	5.00
6.00	Direct Nursing Service		18.04	0.00	18.04	6.00
7.00	Nursing Supervisor		0.90	0.00	0.90	7.00
8.00	Physical Therapy Service		5.50	0.00	5.50	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.32	0.00	1.32	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		0.60	0.00	0.60	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		2.31	0.00	2.31	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		31540			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	4,392	1,129	136	194	5,851	21.00
22.00	Skilled Nursing Visit Charges	934,547	236,515	29,902	41,604	1,242,568	22.00
23.00	Physical Therapy Visits	2,222	58	126	3	2,409	23.00
24.00	Physical Therapy Visit Charges	473,847	12,440	28,437	645	515,369	24.00
25.00	Occupational Therapy Visits	597	13	7	4	621	25.00
26.00	Occupational Therapy Visit Charges	127,948	2,765	1,505	845	133,063	26.00
27.00	Speech Pathology Visits	11	0	0	1	12	27.00
28.00	Speech Pathology Visit Charges	4,351	0	0	215	4,566	28.00
29.00	Medical Social Service Visits	199	8	5	1	213	29.00
30.00	Medical Social Service Visit Charges	50,728	2,048	1,262	256	54,294	30.00
31.00	Home Health Aide Visits	809	104	1	11	925	31.00
32.00	Home Health Aide Visit Charges	88,799	11,520	111	1,221	101,651	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,230	1,312	275	214	10,031	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,680,220	265,288	61,217	44,786	2,051,511	35.00
36.00	Total Number of Episodes (standard/non outlier)	499		107	5	611	36.00
37.00	Total Number of Outlier Episodes		27		3	30	37.00
38.00	Total Non-Routine Medical Supply Charges	51,999	7,191	1,358	1,090	61,638	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/17/2012 5:36 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.424096	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	57,849,388	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	232,594,346	6.00
7.00	Medicaid cost (line 1 times line 6)	98,642,332	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	40,792,944	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	40,792,944	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	29,184,355	87,771,902	116,956,257	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,376,968	37,223,713	49,600,681	21.00
22.00	Partial payment by patients approved for charity care	397,727	439,774	837,501	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,979,241	36,783,939	48,763,180	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	18,371,775	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,436,404	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	16,935,371	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	7,182,223	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	55,945,403	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	96,738,347	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK		0	0	682,536	682,536	1.01
1.02	CAP REL COSTS- WEST CLINIC		0	0	509,588	509,588	1.02
1.03	CAP REL COSTS- EAST CLINIC		0	0	414,970	414,970	1.03
1.04	CAP REL COSTS- 600 HIGHLAND		0	0	24,502,520	24,502,520	1.04
1.05	CAP REL COSTS- WAISMAN		0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION		0	0	570,725	570,725	1.06
1.07	CAP REL COSTS- EXCELSIOR		0	0	641,364	641,364	1.07
1.08	CAP REL COSTS- 8007 EXCEL		0	0	266,574	266,574	1.08
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	4,191,646	5,132,608	9,324,254	97,970	9,422,224	4.00
5.00	ADMINISTRATIVE & GENERAL	45,031,291	170,894,406	215,925,697	-30,885,284	185,040,413	5.00
6.00	MAINTENANCE & REPAIRS	3,478,347	17,758,131	21,236,478	-98,018	21,138,460	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	52,285	4,812	57,097	3,318,244	3,375,341	8.00
9.00	HOUSEKEEPING	7,935,668	5,471,826	13,407,494	-198,779	13,208,715	9.00
10.00	DIETARY	6,133,009	9,264,582	15,397,591	-1,591,592	13,805,999	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	14,099,244	8,213,224	22,312,468	-1,954	22,310,514	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,339,334	4,885,749	10,225,083	-4,055,282	6,169,801	14.00
15.00	PHARMACY	16,489,569	112,076,301	128,565,870	-114,896,931	13,668,939	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,663,422	6,258,055	14,921,477	-2	14,921,475	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	778,541	1,724,158	2,502,699	-985	2,501,714	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20,429,021	5,721,044	26,150,065	2,465,834	28,615,899	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	617,182	259,304	876,486	0	876,486	23.01
23.02	EMERGENCY MED PROGRAM	532,346	297,497	829,843	-17	829,826	23.02
23.03	DIETARY PROGRAM	87,612	63,357	150,969	0	150,969	23.03
23.04	RADIOLOGIC TECHNOLOGIST	363,899	116,444	480,343	0	480,343	23.04
23.05	ULTRASOUND TECHNOLOGIST	312,088	71,698	383,786	0	383,786	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	54,308	906	55,214	0	55,214	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	50,527,045	26,418,170	76,945,215	875,807	77,821,022	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	7,516,783	5,651,108	13,167,891	-86,483	13,081,408	31.01
31.02	CARDIOTHORACIC SURGERY ICU	4,721,019	3,240,629	7,961,648	-293,513	7,668,135	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	2,005,155	1,098,390	3,103,545	-23,070	3,080,475	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	4,697,122	2,513,548	7,210,670	-34,628	7,176,042	31.04
31.05	NEURO INTENSIVE CARE UNIT	3,883,913	3,063,441	6,947,354	-38,181	6,909,173	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	2,097,562	1,078,156	3,175,718	-43,273	3,132,445	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,120,203	949,106	3,069,309	-8,215	3,061,094	40.00
41.00	SUBPROVIDER - IRF	2,431,390	1,326,139	3,757,529	-6,329	3,751,200	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	23,980,646	59,901,033	83,881,679	-14,064,798	69,816,881	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,285,610	5,228,851	6,514,461	-31,963	6,482,498	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,919,129	12,773,252	24,692,381	-746,476	23,945,905	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,663,882	3,621,772	6,285,654	-8,718	6,276,936	55.00
56.00	RADIOISOTOPE	1,105,740	2,046,712	3,152,452	4,258	3,156,710	56.00
57.00	CT SCAN	1,647,783	3,072,791	4,720,574	-10,006	4,710,568	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,079,889	4,098,595	6,178,484	-18,516	6,159,968	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	666,645	284,401	951,046	-48	950,998	59.01
60.00	LABORATORY	14,324,699	27,119,778	41,444,477	-2,119,459	39,325,018	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	6,571,976	5,872,834	12,444,810	27,946	12,472,756	65.00
65.01	NEUROPSYCH TESTING	213,989	107,460	321,449	0	321,449	65.01
66.00	PHYSICAL THERAPY	11,570,731	6,590,624	18,161,355	-20,659	18,140,696	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	5,527,790	14,663,010	20,190,800	-1,827,865	18,362,935	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,017,166	561,690	1,578,856	-3,658	1,575,198	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	802,182	802,182	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,946,228	19,946,228	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	114,886,265	114,886,265	73.00
74.00	RENAL DIALYSIS	1,457,101	1,092,080	2,549,181	13,521	2,562,702	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	315,348	164,260	479,608	4,119	483,727	75.01
75.02	ORTHOTICS LAB	677,534	919,284	1,596,818	-551	1,596,267	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,396,957	2,264,992	5,661,949	50	5,661,999	90.00
90.01	CLINIC CSC	25,292,484	16,400,912	41,693,396	-349,374	41,344,022	90.01
90.02	CLINIC UNIVERSITY STATION	5,379,592	3,578,694	8,958,286	-4,707	8,953,579	90.02
90.03	CLINIC WAISMAN	462,989	223,050	686,039	-211	685,828	90.03
90.04	CLINIC WEST	9,707,718	6,114,881	15,822,599	94	15,822,693	90.04
90.05	CLINIC EAST	4,497,035	3,021,653	7,518,688	-9,288	7,509,400	90.05
90.06	CLINIC RESEARCH PARK	1,443,316	1,904,654	3,347,970	-733	3,347,237	90.06
91.00	EMERGENCY	5,676,665	3,712,899	9,389,564	-78,749	9,310,815	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	1,618,011	565,219	2,183,230	-3,254	2,179,976	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,386,611	1,190,959	3,577,570	0	3,577,570	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	5,872,590	6,460,898	12,333,488	-5,329,877	7,003,611	105.00
106.00	HEART ACQUISITION	671,424	646,231	1,317,655	-324,856	992,799	106.00
107.00	LIVER ACQUISITION	0	842,043	842,043	1,902,909	2,744,952	107.00
108.00	LUNG ACQUISITION	0	854,329	854,329	778,802	1,633,131	108.00
109.00	PANCREAS ACQUISITION	0	604,819	604,819	715,483	1,320,302	109.00
110.00	INTESTINAL ACQUISITION	0	-52,463	-52,463	0	-52,463	110.00
111.00	ISLET ACQUISITION	0	-410	-410	0	-410	111.00
112.00	POST TRANSPLANT	0	0	0	3,851,536	3,851,536	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE		0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	368,020,054	590,004,576	958,024,630	63,223	958,087,853	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	144,373	411,407	555,780	0	555,780	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	1,999,961	2,257,134	4,257,095	-56,363	4,200,732	194.01
194.02	CLINICAL RESEARCH CENTER	1,638,884	751,954	2,390,838	-6,129	2,384,709	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	339,835	339,835	0	339,835	194.04
194.05	INVESTIGATIONAL PHARMACY	1,182,475	107,932	1,290,407	-731	1,289,676	194.05
194.06	RONALD MCDONALD CARE MOBILE	79,755	128,823	208,578	0	208,578	194.06
194.07	PUBLIC AFFAIRS	1,652,366	4,538,061	6,190,427	0	6,190,427	194.07
194.08	RETAIL PHARMACIES	1,583,731	13,272,976	14,856,707	0	14,856,707	194.08
200.00	TOTAL (SUM OF LINES 118-199)	376,301,599	611,812,698	988,114,297	0	988,114,297	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	682,536		1.01
1.02	CAP REL COSTS- WEST CLINIC	0	509,588		1.02
1.03	CAP REL COSTS- EAST CLINIC	0	414,970		1.03
1.04	CAP REL COSTS- 600 HIGHLAND	-8,508,858	15,993,662		1.04
1.05	CAP REL COSTS- WAISMAN	0	0		1.05
1.06	CAP REL COSTS- USTATION	206,162	776,887		1.06
1.07	CAP REL COSTS- EXCELSIOR	0	641,364		1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	266,574		1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
3.00	OTHER CAP REL COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	0	9,422,224		4.00
5.00	ADMINISTRATIVE & GENERAL	19,467,657	204,508,070		5.00
6.00	MAINTENANCE & REPAIRS	12,878,516	34,016,976		6.00
7.00	OPERATION OF PLANT	0	0		7.00
8.00	LAUNDRY & LINEN SERVICE	-267,573	3,107,768		8.00
9.00	HOUSEKEEPING	0	13,208,715		9.00
10.00	DIETARY	-7,316,986	6,489,013		10.00
11.00	CAFETERIA	0	0		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	NURSING ADMINISTRATION	0	22,310,514		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,169,801		14.00
15.00	PHARMACY	0	13,668,939		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	14,921,475		16.00
17.00	SOCIAL SERVICE	0	0		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
18.01	HISTOCOMPATIBILITY LAB	0	2,501,714		18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0		19.00
20.00	NURSING SCHOOL	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	28,615,899		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0		23.00
23.01	PHARMACY PROGRAM	0	876,486		23.01
23.02	EMERGENCY MED PROGRAM	0	829,826		23.02
23.03	DIETARY PROGRAM	-7,460	143,509		23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	480,343		23.04
23.05	ULTRASOUND TECHNOLOGIST	0	383,786		23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	55,214		23.06
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	77,821,022		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	13,081,408		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	7,668,135		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	3,080,475		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	7,176,042		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	6,909,173		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	3,132,445		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	3,061,094		40.00
41.00	SUBPROVIDER - IRF	0	3,751,200		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	69,816,881		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	6,482,498		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	23,945,905		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	6,276,936		55.00
56.00	RADIOISOTOPE	0	3,156,710		56.00
57.00	CT SCAN	0	4,710,568		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	6,159,968		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	950,998		59.01
60.00	LABORATORY	0	39,325,018		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	12,472,756		65.00
65.01	NEUROPSYCH TESTING	0	321,449		65.01
66.00	PHYSICAL THERAPY	0	18,140,696		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	18,362,935		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,575,198		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	802,182		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	19,946,228		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	114,886,265		73.00
74.00	RENAL DIALYSIS	0	2,562,702		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	483,727		75.01
75.02	ORTHOTICS LAB	0	1,596,267		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	5,661,999		90.00
90.01	CLINIC CSC	0	41,344,022		90.01
90.02	CLINIC UNIVERSITY STATION	0	8,953,579		90.02
90.03	CLINIC WAISMAN	0	685,828		90.03
90.04	CLINIC WEST	0	15,822,693		90.04
90.05	CLINIC EAST	0	7,509,400		90.05
90.06	CLINIC RESEARCH PARK	0	3,347,237		90.06
91.00	EMERGENCY	0	9,310,815		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	2,179,976		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	3,577,570		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	802,995	7,806,606		105.00
106.00	HEART ACQUISITION	481,728	1,474,527		106.00
107.00	LIVER ACQUISITION	687,153	3,432,105		107.00
108.00	LUNG ACQUISITION	122,273	1,755,404		108.00
109.00	PANCREAS ACQUISITION	181,608	1,501,910		109.00
110.00	INTESTINAL ACQUISITION	0	-52,463		110.00
111.00	ISLET ACQUISITION	0	-410		111.00
112.00	POST TRANSPLANT	0	3,851,536		112.00
112.01	PRE TRANSPLANT	0	0		112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,727,215	976,815,068		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	555,780		190.00
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	NONPAID WORKERS	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	OTHER AUXILIARY SERVICES	0	4,200,732		194.01
194.02	CLINICAL RESEARCH CENTER	0	2,384,709		194.02
194.03	FAMILY MEDICINE	153,958	153,958		194.03
194.04	COMMUNICATION AIDS	0	339,835		194.04
194.05	INVESTIGATIONAL PHARMACY	0	1,289,676		194.05
194.06	RONALD MCDONALD CARE MOBILE	175,195	383,773		194.06
194.07	PUBLIC AFFAIRS	0	6,190,427		194.07
194.08	RETAIL PHARMACIES	0	14,856,707		194.08
200.00	TOTAL (SUM OF LINES 118-199)	19,056,368	1,007,170,665		200.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE					
1.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	471,705		1.00
	TOTALS		0	471,705		
	B - MEDICAL SUPPLIES SOLD TO PATIENTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	802,182		1.00
	TOTALS		0	802,182		
	C - DRUGS SOLD TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	114,886,265		1.00
	TOTALS		0	114,886,265		
	D - REPROCESSING COSTS DEPT 1213					
1.00	BURN INTENSIVE CARE UNIT	33.00	1,643	1,200		1.00
2.00	TRAUMA INTENSIVE CARE UNIT	31.01	3,287	2,400		2.00
3.00	CARDIOTHORACIC SURGERY ICU	31.02	3,287	2,400		3.00
4.00	CARDIAC INTENSIVE CARE UNIT	31.03	1,643	1,200		4.00
5.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	3,287	2,400		5.00
6.00	NEURO INTENSIVE CARE UNIT	31.05	3,287	2,400		6.00
7.00	SUBPROVIDER - IPF	40.00	3,287	2,400		7.00
8.00	SUBPROVIDER - IRF	41.00	16,434	12,000		8.00
9.00	OPERATING ROOM	50.00	986,017	720,019		9.00
10.00	RESPIRATORY THERAPY	65.00	16,434	12,000		10.00
11.00	CLINIC CSC	90.01	243,218	177,605		11.00
12.00	CLINIC WEST	90.04	16,434	12,000		12.00
13.00	EMERGENCY	91.00	32,867	24,001		13.00
	TOTALS		1,331,125	972,025		
	E - PATIENT ESCORT SERVICES					
1.00	ADMINISTRATIVE & GENERAL	5.00	133	82		1.00
2.00	MAINTENANCE & REPAIRS	6.00	24	14		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	55	34		3.00
4.00	ADULTS & PEDIATRICS	30.00	255,802	157,036		4.00
5.00	TRAUMA INTENSIVE CARE UNIT	31.01	15,807	9,704		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	1,296	795		6.00
7.00	CARDIOTHORACIC SURGERY ICU	31.02	12,211	7,496		7.00
8.00	CARDIAC INTENSIVE CARE UNIT	31.03	2,795	1,716		8.00
9.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	1,508	926		9.00
10.00	NEURO INTENSIVE CARE UNIT	31.05	7,884	4,840		10.00
11.00	SUBPROVIDER - IPF	40.00	1,170	718		11.00
12.00	SUBPROVIDER - IRF	41.00	4,798	2,945		12.00
13.00	OPERATING ROOM	50.00	5,654	3,471		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	121,847	74,801		14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	9,556	5,867		15.00
16.00	RADIOISOTOPE	56.00	2,835	1,740		16.00
17.00	CT SCAN	57.00	15,524	9,530		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	12,870	7,901		18.00
19.00	LABORATORY	60.00	39	24		19.00
20.00	ELECTROCARDIOLOGY	69.00	36,805	22,594		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	94	58		21.00
22.00	RENAL DIALYSIS	74.00	15,163	9,309		22.00
23.00	PULMONARY FUNCTION TESTING	75.01	2,976	1,827		23.00
24.00	CLINIC	90.00	31	19		24.00
25.00	CLINIC CSC	90.01	28,811	17,687		25.00
26.00	CLINIC UNIVERSITY STATION	90.02	24	14		26.00
27.00	CLINIC WEST	90.04	220	135		27.00
28.00	EMERGENCY	91.00	2,450	1,504		28.00
29.00	CLINICAL RESEARCH CENTER	194.02	8	5		29.00
	TOTALS		558,390	342,792		
	F - BUILDING DEPRECIATION INTEREST					
1.00	CAP REL COSTS-RESEARCH PARK	1.01	0	682,536		1.00
2.00	CAP REL COSTS- WEST CLINIC	1.02	0	509,588		2.00
3.00	CAP REL COSTS- EAST CLINIC	1.03	0	414,970		3.00
4.00	CAP REL COSTS- 600 HIGHLAND	1.04	0	24,030,815		4.00
5.00	CAP REL COSTS- USTATION	1.06	0	570,725		5.00
6.00	CAP REL COSTS- EXCELSIOR	1.07	0	641,364		6.00
7.00	CAP REL COSTS- 8007 EXCEL	1.08	0	266,574		7.00
	TOTALS		0	27,116,572		
	G - MEDICAL FACULTY COSTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,488,486		1.00
	TOTALS		0	2,488,486		

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	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	I - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	3,292,662		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
	TOTALS		0	3,292,662		
	J - HOME AND CLINICAL NUTRITION					
1.00	ADULTS & PEDIATRICS	30.00	866,927	420,459		1.00
2.00	CLINIC CSC	90.01	79,937	211,845		2.00
	TOTALS		946,864	632,304		
	K - OPO COSTS					
1.00	OPO ADMINISTRATIVE COSTS	112.02	2,394,124	2,146,792		1.00
2.00	PRE TRANSPLANT	112.01	3,478,465	2,057,455		2.00
3.00	PRE TRANSPLANT	112.01	671,424	369,571		3.00
4.00	POST TRANSPLANT	112.00	1,979,019	1,170,557		4.00
5.00	POST TRANSPLANT	112.00	436,275	240,138		5.00
6.00	KIDNEY ACQUISITION	105.00	1,056,408	624,848		6.00
7.00	LIVER ACQUISITION	107.00	412,681	244,094		7.00
8.00	PANCREAS ACQUISITION	109.00	30,357	17,956		8.00
9.00	LUNG ACQUISITION	108.00	164,604	90,603		9.00
10.00	HEART ACQUISITION	106.00	70,545	38,830		10.00
11.00	LUNG ACQUISITION	108.00	219,211	196,564		11.00
12.00	KIDNEY ACQUISITION	105.00	1,203,510	1,079,178		12.00
13.00	LIVER ACQUISITION	107.00	528,684	474,067		13.00
14.00	HEART ACQUISITION	106.00	146,140	131,043		14.00
15.00	PANCREAS ACQUISITION	109.00	296,579	265,940		15.00
	TOTALS		13,088,026	9,147,636		

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	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	L - DEFERRED COMP				
1.00	ADMINISTRATIVE & GENERAL	5.00	217,062	0	1.00
	TOTALS		217,062	0	
	M - UW REC FEE				
1.00	EMPLOYEE BENEFITS	4.00	0	97,970	1.00
	TOTALS		0	97,970	
	N - TRANSPLANT EXPENSE				
1.00	POST TRANSPLANT	112.00	8,950	8,640	1.00
2.00	LUNG ACQUISITION	108.00	18,707	68,476	2.00
3.00	KIDNEY ACQUISITION	105.00	72,248	228,395	3.00
4.00	LIVER ACQUISITION	107.00	31,849	67,300	4.00
5.00	HEART ACQUISITION	106.00	8,017	29,347	5.00
6.00	PANCREAS ACQUISITION	109.00	8,707	27,526	6.00
7.00	POST TRANSPLANT	112.00	5,577	2,380	7.00
8.00	HEART ACQUISITION	106.00	196,159	83,697	8.00
	TOTALS		350,214	515,761	
	O - FAMILY MEDICINE				
1.00	FAMILY MEDICINE	194.03	99,687	0	1.00
2.00	CLINIC RESEARCH PARK	90.06	0	99,687	2.00
	TOTALS		99,687	99,687	
	P - TRANSPLANT CLINIC				
1.00	KIDNEY ACQUISITION	105.00	226,016	132,739	1.00
2.00	LIVER ACQUISITION	107.00	61,105	35,887	2.00
3.00	PANCREAS ACQUISITION	109.00	27,240	15,998	3.00
	TOTALS		314,361	184,624	
	Q - PATIENT ACCOUNTING TRANS BILLING				
1.00	KIDNEY ACQUISITION	105.00	28,800	13,643	1.00
2.00	HEART ACQUISITION	106.00	1,689	800	2.00
3.00	LIVER ACQUISITION	107.00	7,786	3,689	3.00
4.00	LUNG ACQUISITION	108.00	3,940	1,867	4.00
5.00	PANCREAS ACQUISITION	109.00	3,471	1,644	5.00
	TOTALS		45,686	21,643	
	R - IMPLANTABLE SUPPLIES				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	19,946,228	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	19,946,228	
	S - DEFAULT				
1.00	LUNG ACQUISITION	108.00	11,235	3,595	1.00
2.00	KIDNEY ACQUISITION	105.00	61,682	19,738	2.00
3.00	LIVER ACQUISITION	107.00	27,096	8,671	3.00
4.00	HEART ACQUISITION	106.00	7,490	2,397	4.00
5.00	PANCREAS ACQUISITION	109.00	15,201	4,864	5.00
	TOTALS		122,704	39,265	
500.00	Grand Total: Increases		17,074,119	181,057,807	500.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	471,705	12		1.00
	TOTALS		0	471,705			
	B - MEDICAL SUPPLIES SOLD TO PATIENTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	802,182	0		1.00
	TOTALS		0	802,182			
	C - DRUGS SOLD TO PATIENTS						
1.00	PHARMACY	15.00	0	114,886,265	0		1.00
	TOTALS		0	114,886,265			
	D - REPROCESSING COSTS DEPT 1213						
1.00	CENTRAL SERVICES & SUPPLY	14.00	1,331,125	972,025	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		1,331,125	972,025			
	E - PATIENT ESCORT SERVICES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	558,390	342,792	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
	TOTALS		558,390	342,792			
	F - BUILDING DEPRECIATION INTEREST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,116,572	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
	TOTALS		0	27,116,572			
	G - MEDICAL FACULTY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,488,486	0		1.00
	TOTALS		0	2,488,486			
	I - LAUNDRY COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,276	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	86	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	-25,582	0		3.00
4.00	HOUSEKEEPING	9.00	0	198,779	0		4.00
5.00	DIETARY	10.00	0	12,424	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,954	0		6.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,857	0		7.00
8.00	PHARMACY	15.00	0	10,666	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2	0		9.00
10.00	HISTOCOMPATIBILITY LAB	18.01	0	985	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	22,652	0		11.00
12.00	EMERGENCY MED PROGRAM	23.02	0	17	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	824,417	0		13.00
14.00	TRAUMA INTENSIVE CARE UNIT	31.01	0	117,681	0		14.00
15.00	CARDIOTHORACIC SURGERY ICU	31.02	0	58,271	0		15.00
16.00	CARDIAC INTENSIVE CARE UNIT	31.03	0	30,424	0		16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	31.04	0	42,749	0		17.00
18.00	NEURO INTENSIVE CARE UNIT	31.05	0	56,592	0		18.00
19.00	BURN INTENSIVE CARE UNIT	33.00	0	47,221	0		19.00
20.00	SUBPROVIDER - IPF	40.00	0	15,790	0		20.00
21.00	SUBPROVIDER - IRF	41.00	0	42,506	0		21.00
22.00	OPERATING ROOM	50.00	0	997,890	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	31,963	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	118,709	0		24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	24,141	0		25.00
26.00	RADIOISOTOPE	56.00	0	317	0		26.00
27.00	CT SCAN	57.00	0	35,060	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	39,287	0		28.00
29.00	CARDIAC REHABILITATION	59.01	0	48	0		29.00
30.00	LABORATORY	60.00	0	2,372	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	488	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	20,659	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	81,426	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,810	0		34.00
35.00	RENAL DIALYSIS	74.00	0	10,951	0		35.00
36.00	PULMONARY FUNCTION TESTING	75.01	0	684	0		36.00
37.00	ORTHOTICS LAB	75.02	0	551	0		37.00
38.00	CLINIC CSC	90.01	0	166,545	0		38.00
39.00	CLINIC UNIVERSITY STATION	90.02	0	4,745	0		39.00
40.00	CLINIC WAISMAN	90.03	0	211	0		40.00
41.00	CLINIC WEST	90.04	0	28,695	0		41.00
42.00	CLINIC EAST	90.05	0	9,288	0		42.00
43.00	CLINIC RESEARCH PARK	90.06	0	733	0		43.00
44.00	EMERGENCY	91.00	0	139,571	0		44.00
45.00	AMBULANCE SERVICES	95.00	0	3,254	0		45.00
46.00	KIDNEY ACQUISITION	105.00	0	246	0		46.00
47.00	HEART ACQUISITION	106.00	0	15	0		47.00
48.00	OTHER AUXILIARY SERVICES	194.01	0	56,363	0		48.00
49.00	CLINICAL RESEARCH CENTER	194.02	0	6,142	0		49.00
50.00	INVESTIGATIONAL PHARMACY	194.05	0	731	0		50.00
	TOTALS		0	3,292,662			
	J - HOME AND CLINICAL NUTRITION						
1.00	DIETARY	10.00	946,864	632,304	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		946,864	632,304			
	K - OPO COSTS						
1.00	KIDNEY ACQUISITION	105.00	2,394,124	2,146,792	0		1.00
2.00	KIDNEY ACQUISITION	105.00	3,478,465	2,057,455	0		2.00
3.00	HEART ACQUISITION	106.00	671,424	369,571	0		3.00
4.00	PRE TRANSPLANT	112.01	1,979,019	1,170,557	0		4.00
5.00	PRE TRANSPLANT	112.01	436,275	240,138	0		5.00
6.00	PRE TRANSPLANT	112.01	1,499,446	886,898	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00	PRE TRANSPLANT	112.01	235,149	129,433	0		9.00
10.00		0.00	0	0	0		10.00
11.00	OPO ADMINISTRATIVE COSTS	112.02	2,394,124	2,146,792	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
	TOTALS		13,088,026	9,147,636			
	L - DEFERRED COMP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	217,062	0		1.00
	TOTALS		0	217,062			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	M - UW REC FEE						
1.00	MAINTENANCE & REPAIRS	6.00	0	97,970	0		1.00
	TOTALS		0	97,970			
	N - TRANSPLANT EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	147,539	430,623	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	CLINIC CSC	90.01	201,736	86,077	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		349,275	516,700			
	O - FAMILY MEDICINE						
1.00	FAMILY MEDICINE	194.03	0	99,687	0		1.00
2.00	CLINIC RESEARCH PARK	90.06	99,687	0	0		2.00
	TOTALS		99,687	99,687			
	P - TRANSPLANT CLINIC						
1.00	CLINIC CSC	90.01	314,361	184,624	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		314,361	184,624			
	Q - PATIENT ACCOUNTING TRANS BILLING						
1.00	ADMINISTRATIVE & GENERAL	5.00	45,686	21,643	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
	TOTALS		45,686	21,643			
	R - IMPLANTABLE SUPPLIES						
1.00	BURN INTENSIVE CARE UNIT	33.00	0	986	0		1.00
2.00	CARDIOTHORACIC SURGERY ICU	31.02	0	260,636	0		2.00
3.00	OPERATING ROOM	50.00	0	14,782,069	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	824,415	0		4.00
5.00	LABORATORY	60.00	0	2,117,150	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	1,805,838	0		6.00
7.00	CLINIC CSC	90.01	0	155,134	0		7.00
	TOTALS		0	19,946,228			
	S - DEFAULT						
1.00	ADMINISTRATIVE & GENERAL	5.00	122,704	39,265	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
	TOTALS		122,704	39,265			
500.00	Grand Total: Decreases		16,856,118	181,275,808			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	14,385,132	400,000	0	400,000	0	1.00
2.00	Land Improvements	1,960,866	295,860	0	295,860	0	2.00
3.00	Buildings and Fixtures	498,511,178	12,151,380	0	12,151,380	246,342	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	203,744,128	23,440,797	0	23,440,797	9,770,806	6.00
7.00	HIT designated Assets	35,187,908	1,611,708	0	1,611,708	0	7.00
8.00	Subtotal (sum of lines 1-7)	753,789,212	37,899,745	0	37,899,745	10,017,148	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	753,789,212	37,899,745	0	37,899,745	10,017,148	10.00

	Cost Center Description	SUMMARY OF CAPITAL: 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	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	0	0	0	1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	COMPUTATION OF RATIOS: 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	0.000000	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	14,029,481	0	14,029,481	0.018500	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	17,184,632	0	17,184,632	0.022660	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	13,983,666	0	13,983,666	0.018439	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	429,958,832	0	429,958,832	0.566957	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS- USTATION	12,860,132	0	12,860,132	0.016958	0	1.06
1.07	CAP REL COSTS- EXCELSIOR	11,128,298	0	11,128,298	0.014674	0	1.07
1.08	CAP REL COSTS- 8007 EXCEL	5,003,698	0	5,003,698	0.006598	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	254,213,734	0	254,213,734	0.335214	0	2.00
3.00	Total (sum of lines 1-2)	758,362,473	0	758,362,473	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	14,785,132	0				1.00
2.00	Land Improvements	2,256,726	0				2.00
3.00	Buildings and Fixtures	510,416,216	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	217,414,119	0				6.00
7.00	HIT designated Assets	36,799,616	0				7.00
8.00	Subtotal (sum of lines 1-7)	781,671,809	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	781,671,809	0				10.00
	Cost Center Description	SUMMARY OF CAPITAL					
		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
1.01	CAP REL COSTS-RESEARCH PARK	0	0				1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0				1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0				1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0				1.04
1.05	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	CAP REL COSTS- USTATION	0	0				1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0				1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0				1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00
	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	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	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	682,536	0	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	509,588	0	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	414,970	0	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	15,521,957	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	776,887	0	1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	0	641,364	0	1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	266,574	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,813,876	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	0	0	0	682,536	1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	0	0	509,588	1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	0	414,970	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	471,705	0	0	15,993,662	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	776,887	1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	0	0	641,364	1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	0	266,574	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	471,705	0	0	19,285,581	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/17/2012 5:36 pm

		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 - buildings and fixtures (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)	B	-592,147	CAP REL COSTS- 600 HIGHLAND	1.04	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	-234,893			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	19,634,629			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests		0		0.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	UNNECESSARY BORROWING	B	-7,915,048	CAP REL COSTS- 600 HIGHLAND	1.04	33.00
33.01	VOLUME DISCOUNT	B	-2,176,196	ADMINISTRATIVE & GENERAL	5.00	33.01
33.02	MISCELLANEOUS INCOME	B	-386,417	CAP REL COSTS- 600 HIGHLAND	1.04	33.02
33.03	MISCELLANEOUS INCOME	B	-3,957,574	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04	MISCELLANEOUS INCOME	B	-243,804	DIETARY	10.00	33.04
33.05	MISCELLANEOUS INCOME	B	-7,460	DIETARY PROGRAM	23.03	33.05
33.06	MEDICARE LAPSING SCHEDULE	A	206,162	CAP REL COSTS- USTATION	1.06	33.06
33.07	LOBBY FEE WHA/AHA	A	-21,596	ADMINISTRATIVE & GENERAL	5.00	33.07
33.08	GROSS UP KIDNEY	A	1,067,154	KIDNEY ACQUISITION	105.00	33.08
33.09	GROSS UP HEART	A	483,400	HEART ACQUISITION	106.00	33.09
33.10	GROSS UP LIVER	A	693,200	LIVER ACQUISITION	107.00	33.10
33.11	GROSS UP LUNG	A	124,780	LUNG ACQUISITION	108.00	33.11
33.12	GROSS UP PANCREAS	A	185,000	PANCREAS ACQUISITION	109.00	33.12
33.13	FAMILY MEDICINE GROSS UP	A	153,958	FAMILY MEDICINE	194.03	33.13
33.14	NON-ALLOWABLE A&G	A	-23,606	ADMINISTRATIVE & GENERAL	5.00	33.14
33.15	NON-ALLOWABLE UCC	A	-846,108	ADMINISTRATIVE & GENERAL	5.00	33.15
33.16	CRNA COST OFFSET	A	-7,446,786	ADMINISTRATIVE & GENERAL	5.00	33.16
33.17	CLERICAL SUPPORT PSYCH	A	-59,041	ADMINISTRATIVE & GENERAL	5.00	33.17
33.18	CAFETERIA REVENUE	B	-7,073,182	DIETARY	10.00	33.18
33.19	GROSS UP RONALD MCDONAL EXPENSE	A	175,195	RONALD MCDONALD CARE MOBILE	194.06	33.19
33.20	OPO MARKETING	A	-2,507	LUNG ACQUISITION	108.00	33.20
33.21	OPO MARKETING	A	-13,766	KIDNEY ACQUISITION	105.00	33.21

ADJUSTMENTS TO EXPENSES

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		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
				Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.22	OPO MARKETING	A	-6,047	LIVER ACQUISITION	107.00	33.22
33.23	OPO MARKETING	A	-1,672	HEART ACQUISITION	106.00	33.23
33.24	OPO MARKETING	A	-3,392	PANCREAS ACQUISITION	109.00	33.24
33.25	WI MA HOSPITAL ASSESSMENT	A	27,359,632	ADMINISTRATIVE & GENERAL	5.00	33.25
33.26	NKR REGISTRY FEES	A	-15,500	KIDNEY ACQUISITION	105.00	33.26
33.27			0		0.00	33.27
33.28			0		0.00	33.28
33.29			0		0.00	33.29
33.30			0		0.00	33.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		19,056,368			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/17/2012 5:36 pm

		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	0		1.00
2.00	Investment income - movable equipment (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	9		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 - buildings and fixtures	0		26.00
27.00	Depreciation - movable equipment	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	UNNECESSARY BORROWING	9		33.00
33.01	VOLUME DISCOUNT	0		33.01
33.02	MISCELLANEOUS INCOME	9		33.02
33.03	MISCELLANEOUS INCOME	0		33.03
33.04	MISCELLANEOUS INCOME	0		33.04
33.05	MISCELLANEOUS INCOME	0		33.05
33.06	MEDICARE LAPSING SCHEDULE	9		33.06
33.07	LOBBY FEE WHA/AHA	0		33.07
33.08	GROSS UP KIDNEY	0		33.08
33.09	GROSS UP HEART	0		33.09
33.10	GROSS UP LIVER	0		33.10
33.11	GROSS UP LUNG	0		33.11
33.12	GROSS UP PANCREAS	0		33.12
33.13	FAMILY MEDICINE GROSS UP	0		33.13
33.14	NON-ALLOWABLE A&G	0		33.14
33.15	NON-ALLOWABLE UCC	0		33.15
33.16	CRNA COST OFFSET	0		33.16
33.17	CLERICAL SUPPORT PSYCH	0		33.17
33.18	CAFETERIA REVENUE	0		33.18
33.19	GROSS UP RONALD MCDONAL EXPENSE	0		33.19
33.20	OPO MARKETING	0		33.20
33.21	OPO MARKETING	0		33.21
33.22	OPO MARKETING	0		33.22
33.23	OPO MARKETING	0		33.23
33.24	OPO MARKETING	0		33.24
33.25	WI MA HOSPITAL ASSESSMENT	0		33.25
33.26	NKR REGISTRY FEES	0		33.26
33.27		0		33.27

ADJUSTMENTS TO EXPENSES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8 Date/Time Prepared: 1/17/2012 5:36 pm

		Wkst. A-7 Ref. 5.00		
33.28		0		33.28
33.29		0		33.29
33.30		0		33.30
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: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/17/2012 5:36 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		5.00	ADMINISTRATIVE & GENERAL	UW OVERHEAD	1.00
2.00		6.00	MAINTENANCE & REPAIRS	UW OVERHEAD	2.00
3.00		8.00	LAUNDRY & LINEN SERVICE	MUHL	3.00
4.00		1.04	CAP REL COSTS- 600 HIGHLAND	MUHL	4.00
4.01		6.00	MAINTENANCE & REPAIRS	MERI	4.01
4.02		1.04	CAP REL COSTS- 600 HIGHLAND	MERI	4.02
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	UW SYSTEM	0.00		6.00
7.00		C	MUHL	0.00		7.00
8.00		C	MERI	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: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/17/2012 5:36 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		6,638,932	0	6,638,932	0		1.00
2.00		13,009,666	0	13,009,666	0		2.00
3.00		3,025,089	3,292,662	-267,573	0		3.00
4.00		288,979	0	288,979	9		4.00
4.01		516,904	648,054	-131,150	0		4.01
4.02		95,775	0	95,775	9		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	23,575,345	3,940,716	19,634,629			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		STATE OF WISCON	0.00	OVERHEAD	6.00
7.00		MAD UNITD HLTH	0.00	LAUNDRY	7.00
8.00		MAD ENVIR RESOU	0.00	INCINERATION	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: 520098

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/17/2012 5:36 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		105.00	KIDNEY ACQUISITION	310,646	0	1.00
2.00		106.00	HEART ACQUISITION	47,505	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
200.00			TOTAL (lines 1.00 through 199.00)	358,151	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/17/2012 5:36 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		310,646	204,100	772	75,753	3,788	1.00
2.00		47,505	204,100	845	82,916	4,146	2.00
3.00		0	0	0	0	0	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
200.00		358,151		1,617	158,669	7,934	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/17/2012 5:36 pm

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	75,753	1.00
2.00		0	0	0	0	82,916	2.00
3.00		0	0	0	0	0	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
200.00		0	0	0	0	158,669	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/17/2012 5:36 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		234,893	234,893		1.00
2.00		0	0		2.00
3.00		0	0		3.00
4.00		0	0		4.00
5.00		0	0		5.00
6.00		0	0		6.00
7.00		0	0		7.00
8.00		0	0		8.00
9.00		0	0		9.00
10.00		0	0		10.00
200.00		234,893	234,893		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-RESEARCH PARK	682,536	0	682,536			1.01
1.02	CAP REL COSTS- WEST CLINIC	509,588	0	0	509,588		1.02
1.03	CAP REL COSTS- EAST CLINIC	414,970	0	0	0	414,970	1.03
1.04	CAP REL COSTS- 600 HIGHLAND	15,993,662	0	0	0	0	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	776,887	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR	641,364	0	0	0	0	1.07
1.08	CAP REL COSTS- 8007 EXCEL	266,574	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0					2.00
4.00	EMPLOYEE BENEFITS	9,422,224	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	204,508,070	0	0	0	867	5.00
6.00	MAINTENANCE & REPAIRS	34,016,976	0	2,470	1,107	8,537	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	3,107,768	0	0	0	0	8.00
9.00	HOUSEKEEPING	13,208,715	0	4,254	7,067	10,940	9.00
10.00	DIETARY	6,489,013	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	22,310,514	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,169,801	0	0	5,307	6,062	14.00
15.00	PHARMACY	13,668,939	0	0	10,183	8,365	15.00
16.00	MEDICAL RECORDS & LIBRARY	14,921,475	0	0	326	745	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	2,501,714	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	28,615,899	0	0	687	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	876,486	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	829,826	0	0	0	0	23.02
23.03	DIETARY PROGRAM	143,509	0	0	460	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	480,343	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	383,786	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	55,214	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	77,821,022	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	13,081,408	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	7,668,135	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	3,080,475	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	7,176,042	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	6,909,173	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	3,132,445	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	3,061,094	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,751,200	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	69,816,881	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	6,482,498	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,945,905	0	35,439	12,956	10,682	54.00
55.00	RADIOLOGY-THERAPEUTIC	6,276,936	0	0	0	40,520	55.00
56.00	RADIOISOTOPE	3,156,710	0	0	0	0	56.00
57.00	CT SCAN	4,710,568	0	6,324	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	6,159,968	0	41,191	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	950,998	0	26,897	0	1,626	59.01
60.00	LABORATORY	39,325,018	0	0	9,851	8,830	60.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	12,472,756	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	321,449	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	18,140,696	0	121,675	0	8,713	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	18,362,935	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,575,198	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	802,182	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	19,946,228	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	114,886,265	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,562,702	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	483,727	0	0	0	0	75.01
75.02	ORTHOTICS LAB	1,596,267	0	8,748	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	5,661,999	0	0	5,901	985	90.00
90.01	CLINIC CSC	41,344,022	0	0	3,431	1,400	90.01
90.02	CLINIC UNIVERSITY STATION	8,953,579	0	0	0	0	90.02
90.03	CLINIC WAISMAN	685,828	0	0	0	0	90.03
90.04	CLINIC WEST	15,822,693	0	0	452,312	1,450	90.04
90.05	CLINIC EAST	7,509,400	0	0	0	304,616	90.05
90.06	CLINIC RESEARCH PARK	3,347,237	0	176,097	0	0	90.06
91.00	EMERGENCY	9,310,815	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	2,179,976	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	3,577,570	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	7,806,606	0	0	0	0	105.00
106.00	HEART ACQUISITION	1,474,527	0	0	0	0	106.00
107.00	LIVER ACQUISITION	3,432,105	0	0	0	0	107.00
108.00	LUNG ACQUISITION	1,755,404	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	1,501,910	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	-52,463	0	0	0	0	110.00
111.00	ISLET ACQUISITION	-410	0	0	0	0	111.00
112.00	POST TRANSPLANT	3,851,536	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	976,815,068	0	423,095	509,588	414,338	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	555,780	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	4,200,732	0	259,441	0	632	194.01
194.02	CLINICAL RESEARCH CENTER	2,384,709	0	0	0	0	194.02
194.03	FAMILY MEDICINE	153,958	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	339,835	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	1,289,676	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	383,773	0	0	0	0	194.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EAST CLINIC	
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC		
		0	1.00	1.01	1.02	1.03	
194.07	PUBLIC AFFAIRS	6,190,427	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	14,856,707	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,007,170,665	0	682,536	509,588	414,970	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR	8007 EXCEL	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND	15,993,662					1.04
1.05	CAP REL COSTS- WAISMAN	0	0				1.05
1.06	CAP REL COSTS- USTATION	0	0	776,887			1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	0	641,364		1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	0	266,574	1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	66,063	0	14,462	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	1,249,737	0	0	604,719	142,899	5.00
6.00	MAINTENANCE & REPAIRS	1,722,473	0	10,088	36,645	2,702	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	51,761	0	0	0	0	8.00
9.00	HOUSEKEEPING	374,130	0	4,714	0	0	9.00
10.00	DIETARY	564,235	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	433,684	0	0	0	6,488	13.00
14.00	CENTRAL SERVICES & SUPPLY	479,896	0	2,857	0	0	14.00
15.00	PHARMACY	265,435	0	17,712	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	60,582	0	2,196	0	104,531	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	51,881	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	203,499	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	17,556	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	DIETARY PROGRAM	1,867	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,966,206	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	182,158	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	180,034	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	31,464	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	241,215	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	200,622	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	78,070	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	116,094	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	140,759	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,455,120	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	30,985	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	491,577	0	9,427	0	9,954	54.00
55.00	RADIOLOGY-THERAPEUTIC	373,102	0	0	0	0	55.00
56.00	RADIOISOTOPE	37,134	0	0	0	0	56.00
57.00	CT SCAN	65,858	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	111,401	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	6,731	0	0	0	0	59.01
60.00	LABORATORY	542,105	0	8,320	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR	8007 EXCEL	
		1.04	1.05	1.06	1.07	1.08	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	102,443	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	14,816	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	192,195	0	25,353	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	231,058	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,867	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	67,759	0	625	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	20,348	0	0	0	0	75.01
75.02	ORTHOTICS LAB	7,382	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	58,099	0	4,303	0	0	90.00
90.01	CLINIC CSC	2,402,871	0	2,696	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	3,323	0	663,457	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	51,676	0	982	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	328,860	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	386,873	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,233	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	28,501	0	0	0	0	105.00
106.00	HEART ACQUISITION	1,661	0	0	0	0	106.00
107.00	LIVER ACQUISITION	11,390	0	0	0	0	107.00
108.00	LUNG ACQUISITION	3,357	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	1,987	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	49,620	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,833,753	0	767,192	641,364	266,574	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,899	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	11,168	0	9,695	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	87,679	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	28,279	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	1,884	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,993,662	0	776,887	641,364	266,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	4.00	4A	5.00	6.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0					2.00
4.00	EMPLOYEE BENEFITS	0	9,502,749				4.00
5.00	ADMINISTRATIVE & GENERAL	0	1,149,964	207,656,256	207,656,256		5.00
6.00	MAINTENANCE & REPAIRS	0	88,827	35,889,825	9,320,982	45,210,807	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,335	3,160,864	820,911	120,641	8.00
9.00	HOUSEKEEPING	0	202,653	13,812,473	3,587,251	1,060,783	9.00
10.00	DIETARY	0	132,439	7,185,687	1,866,202	1,315,080	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	360,052	23,110,738	6,002,113	1,146,054	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	136,351	6,800,274	1,766,106	1,214,838	14.00
15.00	PHARMACY	0	421,094	14,391,728	3,737,690	851,916	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	221,238	15,311,093	3,976,459	874,710	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	19,882	2,573,477	668,360	120,921	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	521,696	29,341,781	7,620,383	515,102	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	15,761	909,803	236,286	40,919	23.01
23.02	EMERGENCY MED PROGRAM	0	13,595	843,421	219,046	236,013	23.02
23.03	DIETARY PROGRAM	0	2,237	148,073	38,456	7,505	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	9,293	489,636	127,164	32,097	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	7,970	391,756	101,743	23,713	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	1,387	56,601	14,700	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,312,623	81,099,851	21,062,523	4,582,699	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	191,956	13,455,522	3,494,547	424,561	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	120,561	7,968,730	2,069,567	419,610	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	51,206	3,163,145	821,504	73,335	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	119,950	7,537,207	1,957,496	562,208	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	99,183	7,208,978	1,872,251	467,595	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	53,565	3,264,080	847,717	181,960	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	54,144	3,231,332	839,212	270,585	40.00
41.00	SUBPROVIDER - IRF	0	62,090	3,954,049	1,026,910	328,071	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	612,394	71,884,395	18,669,168	3,391,494	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	32,831	6,546,314	1,700,150	72,217	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	304,379	24,820,319	6,446,110	1,570,654	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	68,028	6,758,586	1,755,279	1,227,732	55.00
56.00	RADIOISOTOPE	0	28,237	3,222,081	836,810	86,549	56.00
57.00	CT SCAN	0	42,079	4,824,829	1,253,061	175,573	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	53,114	6,365,674	1,653,236	403,442	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	17,024	1,003,276	260,562	123,955	59.01
60.00	LABORATORY	0	365,810	40,259,934	10,455,948	1,447,618	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	4.00	4A	5.00	6.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	167,829	12,743,028	3,309,505	518,455	65.00
65.01	NEUROPSYCH TESTING	0	5,465	341,730	88,751	34,532	65.01
66.00	PHYSICAL THERAPY	0	295,482	18,784,114	4,878,441	1,802,356	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	141,163	18,735,156	4,865,726	538,535	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	25,975	1,676,040	435,286	174,495	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	802,182	208,335	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,946,228	5,180,255	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	114,886,265	29,837,063	0	73.00
74.00	RENAL DIALYSIS	0	37,210	2,668,296	692,986	159,325	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	8,053	512,128	133,005	47,426	75.01
75.02	ORTHOTICS LAB	0	17,302	1,629,699	423,251	80,481	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	86,748	5,818,035	1,511,008	194,176	90.00
90.01	CLINIC CSC	0	647,936	44,402,356	11,531,780	5,734,662	90.01
90.02	CLINIC UNIVERSITY STATION	0	137,379	9,757,738	2,534,192	1,543,189	90.02
90.03	CLINIC WAISMAN	0	11,823	697,651	181,188	101,000	90.03
90.04	CLINIC WEST	0	247,906	16,577,019	4,305,234	3,325,704	90.04
90.05	CLINIC EAST	0	114,841	7,928,857	2,059,211	2,692,317	90.05
90.06	CLINIC RESEARCH PARK	0	36,858	3,560,192	924,621	673,708	90.06
91.00	EMERGENCY	0	144,965	9,784,640	2,541,179	766,484	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	41,319	2,608,168	677,370	901,697	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	60,947	3,639,750	945,283	238,928	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	57,712	7,892,819	2,049,852	172,299	105.00
106.00	HEART ACQUISITION	0	5,533	1,481,721	384,819	16,767	106.00
107.00	LIVER ACQUISITION	0	24,040	3,467,535	900,557	73,056	107.00
108.00	LUNG ACQUISITION	0	9,801	1,768,562	459,315	27,106	108.00
109.00	PANCREAS ACQUISITION	0	8,349	1,512,246	392,747	30,739	109.00
110.00	INTESTINAL ACQUISITION	0	0	-52,463	0	0	110.00
111.00	ISLET ACQUISITION	0	0	-410	0	0	111.00
112.00	POST TRANSPLANT	0	61,679	3,962,835	1,029,192	115,651	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,291,263	976,173,905	199,606,055	43,333,238	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,687	590,366	153,325	72,018	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	51,073	4,532,741	1,177,203	1,096,632	194.01
194.02	CLINICAL RESEARCH CENTER	0	41,852	2,514,240	652,976	204,356	194.02
194.03	FAMILY MEDICINE	0	0	153,958	39,985	0	194.03
194.04	COMMUNICATION AIDS	0	0	339,835	88,259	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	30,197	1,348,152	350,130	226,113	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	2,037	385,810	100,199	0	194.06
194.07	PUBLIC AFFAIRS	0	42,196	6,234,507	1,619,170	182,639	194.07
194.08	RETAIL PHARMACIES	0	40,444	14,897,151	3,868,954	95,811	194.08
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,502,749	1,007,170,665	207,656,256	45,210,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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	0					7.00
8.00	LAUNDRY & LINEN SERVICE	0	4,102,416				8.00
9.00	HOUSEKEEPING	0	245,856	18,706,363			9.00
10.00	DIETARY	0	15,366	558,726	10,941,061		10.00
11.00	CAFETERIA	0	0	0	8,171,678	8,171,678	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	2,417	486,914	0	356,362	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	60,428	516,137	0	305,171	14.00
15.00	PHARMACY	0	13,192	361,946	0	417,154	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	2	371,630	0	28,456	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	1,218	51,375	0	25,141	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	28,017	218,846	0	1,059,144	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	17,385	0	16,794	23.01
23.02	EMERGENCY MED PROGRAM	0	21	100,273	0	16,512	23.02
23.03	DIETARY PROGRAM	0	0	3,189	0	6,487	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	13,637	0	11,055	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	10,075	0	7,437	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	1,516	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,019,663	1,947,010	2,092,930	1,480,316	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	145,551	180,379	41,511	200,645	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	72,071	178,276	136,465	127,100	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	37,629	31,157	23,615	52,364	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	52,873	238,860	32,098	113,156	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	69,995	198,663	65,669	98,847	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	58,404	77,308	43,934	52,324	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	19,530	114,961	159,353	55,173	40.00
41.00	SUBPROVIDER - IRF	0	52,573	139,385	166,973	71,624	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,234,217	1,440,913	68	627,540	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	39,533	30,682	0	52,364	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	146,823	667,310	504	334,657	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	29,858	521,616	0	67,077	55.00
56.00	RADIOISOTOPE	0	392	36,771	0	28,233	56.00
57.00	CT SCAN	0	43,363	74,594	0	46,018	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	48,591	171,407	0	44,017	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	59	52,664	0	25,101	59.01
60.00	LABORATORY	0	2,934	615,036	0	474,490	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
65.00	RESPIRATORY THERAPY	0	604	220,271	0	216,206	65.00
65.01	NEUROPSYCH TESTING	0	0	14,671	0	11,217	65.01
66.00	PHYSICAL THERAPY	0	25,552	765,751	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	100,710	228,803	640	92,279	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,712	74,136	29	32,013	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	13,545	67,691	0	35,004	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	846	20,150	0	10,287	75.01
75.02	ORTHOTICS LAB	0	681	34,193	0	23,828	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	82,498	0	149,372	90.00
90.01	CLINIC CSC	0	205,988	2,436,430	5,264	853,649	90.01
90.02	CLINIC UNIVERSITY STATION	0	5,869	655,641	0	0	90.02
90.03	CLINIC WAISMAN	0	261	42,911	0	0	90.03
90.04	CLINIC WEST	0	35,491	1,412,962	0	45,937	90.04
90.05	CLINIC EAST	0	11,488	1,143,860	0	15,804	90.05
90.06	CLINIC RESEARCH PARK	0	907	286,232	0	0	90.06
91.00	EMERGENCY	0	172,625	325,649	330	152,626	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	4,025	383,096	0	38,641	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101,511	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	214	73,203	0	65,743	105.00
106.00	HEART ACQUISITION	0	6	7,124	0	6,306	106.00
107.00	LIVER ACQUISITION	0	84	31,038	0	27,385	107.00
108.00	LUNG ACQUISITION	0	14	11,516	0	11,156	108.00
109.00	PANCREAS ACQUISITION	0	6	13,060	0	9,519	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	49,136	0	70,270	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,024,204	17,908,658	10,941,061	8,069,517	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	30,597	0	9,175	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	69,711	465,916	0	20,412	194.01
194.02	CLINICAL RESEARCH CENTER	0	7,597	86,823	0	38,439	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	904	96,067	0	34,135	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	77,596	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	40,706	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,102,416	18,706,363	10,941,061	8,171,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	31,104,598				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	10,662,954			14.00
15.00	PHARMACY	0	0	142,518	19,916,144		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	75	2	20,562,427	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	1,693	1,130	36,721	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	24,017	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	1,974	48	0	23.02
23.03	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	10	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	7,248,013	746,813	1,235,741	2,000,338	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	982,406	269,603	236,059	459,500	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	622,316	294,284	97,365	237,001	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	256,387	56,732	64,068	87,215	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	554,038	94,199	75,347	259,055	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	483,979	82,518	90,748	248,526	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	256,189	63,802	59,566	73,160	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	270,142	5,602	17,256	78,530	40.00
41.00	SUBPROVIDER - IRF	0	350,690	25,778	47,371	93,702	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	3,072,590	3,245,400	1,174,590	3,819,093	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	256,387	648,152	1,773,947	789,065	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,638,563	1,214,944	221,258	1,280,276	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	328,425	85,743	32,180	612,131	55.00
56.00	RADIOISOTOPE	0	138,237	7,282	53,175	136,143	56.00
57.00	CT SCAN	0	225,316	91,399	87,268	1,159,120	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	215,520	74,850	48,414	1,011,193	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	122,900	811	91	20,349	59.01
60.00	LABORATORY	0	0	173,417	68,698	2,398,316	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,058,599	552,626	42,903	399,678	65.00
65.01	NEUROPSYCH TESTING	0	54,919	51	0	16,081	65.01
66.00	PHYSICAL THERAPY	0	1,640,938	89,718	22,975	630,494	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	451,820	1,129,452	170,816	1,201,751	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	9,005	7,770	88,049	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	87,933	22,892	61,523	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	0	2,584	2,123	28,963	75.01
75.02	ORTHOTICS LAB	0	0	76,941	597	32,252	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	731,362	502	0	0	90.00
90.01	CLINIC CSC	0	4,179,677	771,589	484,539	1,066,696	90.01
90.02	CLINIC UNIVERSITY STATION	0	993,192	29,345	112,601	173,762	90.02
90.03	CLINIC WAISMAN	0	32,654	2,500	195	13,371	90.03
90.04	CLINIC WEST	0	1,557,620	131,013	167,793	280,847	90.04
90.05	CLINIC EAST	0	714,540	41,295	77,598	146,244	90.05
90.06	CLINIC RESEARCH PARK	0	275,485	64,277	7,636	65,482	90.06
91.00	EMERGENCY	0	747,293	216,986	283,888	673,618	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	189,198	10,107	6,073	131,423	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	323,873	5,134	7,104	41,063	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	321,894	68,229	11,396	317,671	105.00
106.00	HEART ACQUISITION	0	30,873	273	370	19,858	106.00
107.00	LIVER ACQUISITION	0	134,081	26,653	4,452	55,764	107.00
108.00	LUNG ACQUISITION	0	54,622	637	862	42,636	108.00
109.00	PANCREAS ACQUISITION	0	46,607	4,482	328	26,742	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	344,060	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	30,905,405	10,648,931	6,843,250	20,313,402	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	4,117	61,166	3,728	194.01
194.02	CLINICAL RESEARCH CENTER	0	188,209	6,835	11,096	25,363	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	6,431	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	797	3,155	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	10,984	1,143	0	334	194.06
194.07	PUBLIC AFFAIRS	0	0	129	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	999	12,997,477	213,169	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	31,104,598	10,662,954	19,916,144	20,562,427	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		17.00	18.00	18.01	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	0					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	3,480,036			18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	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
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		17.00	18.00	18.01	19.00	20.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	2,293,069	0	0	105.00
106.00	HEART ACQUISITION	0	0	40,712	0	0	106.00
107.00	LIVER ACQUISITION	0	0	183,111	0	0	107.00
108.00	LUNG ACQUISITION	0	0	58,744	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	60,045	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	844,355	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,480,036	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	3,480,036	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	38,807,290					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	PHARMACY PROGRAM	0	0	0	1,221,187		23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	1,417,308	23.02
23.03	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	36,137,456	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,073,143	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	596,691	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
		21.00	22.00	23.00	23.01	23.02	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,807,290	0	0	1,221,187	1,417,308	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	38,807,290	0	0	1,221,187	1,417,308	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.03	23.04	23.05	23.06	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	PHARMACY PROGRAM						23.01
23.02	EMERGENCY MED PROGRAM						23.02
23.03	DIETARY PROGRAM	203,710					23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	673,599				23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	534,724			23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	72,817		23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	203,710	0	0	0	160,857,063	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	19,890,284	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	12,222,785	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	4,667,151	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	11,476,537	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	10,887,769	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	4,978,444	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	7,134,819	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	6,853,817	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	108,559,468	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	11,908,811	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	673,599	534,724	0	39,549,741	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	72,817	11,491,444	55.00
56.00	RADIOISOTOPE	0	0	0	0	4,545,673	56.00
57.00	CT SCAN	0	0	0	0	7,980,541	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	10,036,344	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	1,609,768	59.01
60.00	LABORATORY	0	0	0	0	55,896,391	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.03	23.04	23.05	23.06	24.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	19,061,875	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	561,952	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	28,640,339	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	27,515,688	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,501,535	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,010,517	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	25,126,483	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	145,944,515	73.00
74.00	RENAL DIALYSIS	0	0	0	0	3,809,195	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	757,512	75.01
75.02	ORTHOTICS LAB	0	0	0	0	2,301,923	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	8,486,953	90.00
90.01	CLINIC CSC	0	0	0	0	71,672,630	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	15,805,529	90.02
90.03	CLINIC WAISMAN	0	0	0	0	1,071,731	90.03
90.04	CLINIC WEST	0	0	0	0	27,839,620	90.04
90.05	CLINIC EAST	0	0	0	0	14,831,214	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	5,858,540	90.06
91.00	EMERGENCY	0	0	0	0	17,082,626	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	4,949,798	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	5,302,646	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	13,266,389	105.00
106.00	HEART ACQUISITION	0	0	0	0	1,988,829	106.00
107.00	LIVER ACQUISITION	0	0	0	0	4,903,716	107.00
108.00	LUNG ACQUISITION	0	0	0	0	2,435,170	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	2,096,521	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	-52,463	110.00
111.00	ISLET ACQUISITION	0	0	0	0	-410	111.00
112.00	POST TRANSPLANT	0	0	0	0	6,415,499	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	203,710	673,599	534,724	72,817	951,732,922	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	855,484	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0	7,431,626	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	3,735,934	194.02
194.03	FAMILY MEDICINE	0	0	0	0	193,943	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	434,525	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	2,059,453	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	498,470	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	8,114,041	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	32,114,267	194.08
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	203,710	673,599	534,724	72,817	1,007,170,665	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
1.01	CAP REL COSTS-RESEARCH PARK				1.01
1.02	CAP REL COSTS- WEST CLINIC				1.02
1.03	CAP REL COSTS- EAST CLINIC				1.03
1.04	CAP REL COSTS- 600 HIGHLAND				1.04
1.05	CAP REL COSTS- WAISMAN				1.05
1.06	CAP REL COSTS- USTATION				1.06
1.07	CAP REL COSTS- EXCELSIOR				1.07
1.08	CAP REL COSTS- 8007 EXCEL				1.08
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
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	HISTOCOMPATIBILITY LAB				18.01
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	PHARMACY PROGRAM				23.01
23.02	EMERGENCY MED PROGRAM				23.02
23.03	DIETARY PROGRAM				23.03
23.04	RADIOLOGIC TECHNOLOGIST				23.04
23.05	ULTRASOUND TECHNOLOGIST				23.05
23.06	RADIOTHERAPY TECHNOLOGIST				23.06
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-36,137,456	124,719,607		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	19,890,284		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	12,222,785		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	4,667,151		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	11,476,537		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	10,887,769		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	4,978,444		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	-2,073,143	5,061,676		40.00
41.00	SUBPROVIDER - IRF	-596,691	6,257,126		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	108,559,468		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	11,908,811		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	39,549,741		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	11,491,444		55.00
56.00	RADIOISOTOPE	0	4,545,673		56.00
57.00	CT SCAN	0	7,980,541		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,036,344		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	1,609,768		59.01
60.00	LABORATORY	0	55,896,391		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	19,061,875		65.00
65.01	NEUROPSYCH TESTING	0	561,952		65.01
66.00	PHYSICAL THERAPY	0	28,640,339		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	27,515,688		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,501,535		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,010,517		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	25,126,483		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	145,944,515		73.00
74.00	RENAL DIALYSIS	0	3,809,195		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	757,512		75.01
75.02	ORTHOTICS LAB	0	2,301,923		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	-8,486,953	0		90.00
90.01	CLINIC CSC	4,455,933	76,128,563		90.01
90.02	CLINIC UNIVERSITY STATION	974,097	16,779,626		90.02
90.03	CLINIC WAISMAN	66,051	1,137,782		90.03
90.04	CLINIC WEST	1,715,760	29,555,380		90.04
90.05	CLINIC EAST	914,050	15,745,264		90.05
90.06	CLINIC RESEARCH PARK	361,063	6,219,603		90.06
91.00	EMERGENCY	0	17,082,626		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	4,949,798		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	5,302,646		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	13,266,389		105.00
106.00	HEART ACQUISITION	0	1,988,829		106.00
107.00	LIVER ACQUISITION	0	4,903,716		107.00
108.00	LUNG ACQUISITION	0	2,435,170		108.00
109.00	PANCREAS ACQUISITION	0	2,096,521		109.00
110.00	INTESTINAL ACQUISITION	0	-52,463		110.00
111.00	ISLET ACQUISITION	0	-410		111.00
112.00	POST TRANSPLANT	0	6,415,499		112.00
112.01	PRE TRANSPLANT	0	0		112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-38,807,289	912,925,633		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	855,484		190.00
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	NONPAID WORKERS	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	OTHER AUXILIARY SERVICES	0	7,431,626		194.01
194.02	CLINICAL RESEARCH CENTER	0	3,735,934		194.02
194.03	FAMILY MEDICINE	0	193,943		194.03
194.04	COMMUNICATION AIDS	0	434,525		194.04
194.05	INVESTIGATIONAL PHARMACY	0	2,059,453		194.05
194.06	RONALD MCDONALD CARE MOBILE	0	498,470		194.06
194.07	PUBLIC AFFAIRS	0	8,114,041		194.07
194.08	RETAIL PHARMACIES	0	32,114,267		194.08
200.00	Cross Foot Adjustments	0	0		200.00
201.00	Negative Cost Centers	0	0		201.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
		25.00	26.00				
202.00	TOTAL (sum lines 118-201)	-38,807,289	968,363,376				202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	515,767	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	18,527,757	0	0	0	867	5.00
6.00	MAINTENANCE & REPAIRS	2,650,525	0	2,470	1,107	8,537	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	39,963	0	4,254	7,067	10,940	9.00
10.00	DIETARY	306,612	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,335,704	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	698,052	0	0	5,307	6,062	14.00
15.00	PHARMACY	1,329,417	0	0	10,183	8,365	15.00
16.00	MEDICAL RECORDS & LIBRARY	84,597	0	0	326	745	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	27,889	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	51,237	0	0	687	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	127,527	0	0	0	0	23.02
23.03	DIETARY PROGRAM	0	0	0	460	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	35,589	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	2,269	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	894,951	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	269,590	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	227,539	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	17,725	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	59,379	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	79,694	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	32,134	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	18,762	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	67,761	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,486,699	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	600,075	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,320,289	0	35,439	12,956	10,682	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,044,778	0	0	0	40,520	55.00
56.00	RADIOISOTOPE	25,402	0	0	0	0	56.00
57.00	CT SCAN	545,426	0	6,324	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,389,929	0	41,191	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	19,068	0	26,897	0	1,626	59.01
60.00	LABORATORY	1,223,885	0	0	9,851	8,830	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	452,807	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	1,494	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	563,284	0	121,675	0	8,713	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	1,558,456	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	108,444	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	48,418	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	34,115	0	0	0	0	75.01
75.02	ORTHOTICS LAB	75,955	0	8,748	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	66,427	0	0	5,901	985	90.00
90.01	CLINIC CSC	1,200,907	0	0	3,431	1,400	90.01
90.02	CLINIC UNIVERSITY STATION	228,697	0	0	0	0	90.02
90.03	CLINIC WAISMAN	479	0	0	0	0	90.03
90.04	CLINIC WEST	111,385	0	0	452,312	1,450	90.04
90.05	CLINIC EAST	53,250	0	0	0	304,616	90.05
90.06	CLINIC RESEARCH PARK	129,666	0	176,097	0	0	90.06
91.00	EMERGENCY	218,665	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	3,049,783	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	37,313	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	189,009	0	0	0	0	105.00
106.00	HEART ACQUISITION	858	0	0	0	0	106.00
107.00	LIVER ACQUISITION	73,836	0	0	0	0	107.00
108.00	LUNG ACQUISITION	2,002	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	5,431	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,266,672	0	423,095	509,588	414,338	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,796	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	30,876	0	259,441	0	632	194.01
194.02	CLINICAL RESEARCH CENTER	27,258	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	61,291	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	1,044	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	136,147	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	201,733	0	0	0	0	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520098

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	46,729,817	0	682,536	509,588	414,970	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR	8007 EXCEL	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	66,063	0	14,462	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	1,249,737	0	0	604,719	142,899	5.00
6.00	MAINTENANCE & REPAIRS	1,722,473	0	10,088	36,645	2,702	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	51,761	0	0	0	0	8.00
9.00	HOUSEKEEPING	374,130	0	4,714	0	0	9.00
10.00	DIETARY	564,235	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	433,684	0	0	0	6,488	13.00
14.00	CENTRAL SERVICES & SUPPLY	479,896	0	2,857	0	0	14.00
15.00	PHARMACY	265,435	0	17,712	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	60,582	0	2,196	0	104,531	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	51,881	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	203,499	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	17,556	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	DIETARY PROGRAM	1,867	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,966,206	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	182,158	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	180,034	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	31,464	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	241,215	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	200,622	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	78,070	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	116,094	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	140,759	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,455,120	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	30,985	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	491,577	0	9,427	0	9,954	54.00
55.00	RADIOLOGY-THERAPEUTIC	373,102	0	0	0	0	55.00
56.00	RADIOISOTOPE	37,134	0	0	0	0	56.00
57.00	CT SCAN	65,858	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	111,401	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	6,731	0	0	0	0	59.01
60.00	LABORATORY	542,105	0	8,320	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR	8007 EXCEL	
		1.04	1.05	1.06	1.07	1.08	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	102,443	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	14,816	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	192,195	0	25,353	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	231,058	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,867	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	67,759	0	625	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	20,348	0	0	0	0	75.01
75.02	ORTHOTICS LAB	7,382	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	58,099	0	4,303	0	0	90.00
90.01	CLINIC CSC	2,402,871	0	2,696	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	3,323	0	663,457	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	51,676	0	982	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	328,860	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	386,873	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,233	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	28,501	0	0	0	0	105.00
106.00	HEART ACQUISITION	1,661	0	0	0	0	106.00
107.00	LIVER ACQUISITION	11,390	0	0	0	0	107.00
108.00	LUNG ACQUISITION	3,357	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	1,987	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	49,620	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	15,833,753	0	767,192	641,364	266,574	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,899	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	11,168	0	9,695	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	87,679	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	28,279	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	1,884	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,993,662	0	776,887	641,364	266,574	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	2A	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	596,292	596,292			4.00
5.00	ADMINISTRATIVE & GENERAL	0	20,525,979	72,140	20,598,119		5.00
6.00	MAINTENANCE & REPAIRS	0	4,434,547	5,572	924,594	5,364,713	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	51,761	84	81,430	14,315	8.00
9.00	HOUSEKEEPING	0	441,068	12,713	355,837	125,872	9.00
10.00	DIETARY	0	870,847	8,308	185,118	156,047	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,775,876	22,587	595,379	135,991	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,192,174	8,554	175,189	144,153	14.00
15.00	PHARMACY	0	1,631,112	26,416	370,760	101,088	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	252,977	13,879	394,444	103,793	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	79,770	1,247	66,298	14,348	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	255,423	32,727	755,903	61,122	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	17,556	989	23,438	4,855	23.01
23.02	EMERGENCY MED PROGRAM	0	127,527	853	21,728	28,005	23.02
23.03	DIETARY PROGRAM	0	2,327	140	3,815	891	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	35,589	583	12,614	3,809	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	2,269	500	10,092	2,814	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	87	1,458	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	2,861,157	82,508	2,089,294	543,783	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	451,748	12,042	346,641	50,378	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	407,573	7,563	205,290	49,791	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	49,189	3,212	81,489	8,702	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	300,594	7,525	194,174	66,712	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	280,316	6,222	185,718	55,485	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	110,204	3,360	84,089	21,591	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	134,856	3,397	83,246	32,108	40.00
41.00	SUBPROVIDER - IRF	0	208,520	3,895	101,864	38,929	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	5,941,819	38,417	1,851,886	402,435	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	631,060	2,060	168,646	8,569	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,890,324	19,094	639,421	186,374	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,458,400	4,268	174,115	145,683	55.00
56.00	RADIOISOTOPE	0	62,536	1,771	83,007	10,270	56.00
57.00	CT SCAN	0	617,608	2,640	124,297	20,833	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,542,521	3,332	163,992	47,872	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	54,322	1,068	25,846	14,708	59.01
60.00	LABORATORY	0	1,792,991	22,948	1,037,176	171,774	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	2A	4.00	5.00	6.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	555,250	10,528	328,286	61,520	65.00
65.01	NEUROPSYCH TESTING	0	16,310	343	8,804	4,098	65.01
66.00	PHYSICAL THERAPY	0	911,220	18,536	483,916	213,868	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,789,514	8,856	482,655	63,903	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	183,311	1,629	43,178	20,706	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	20,666	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	513,855	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	2,959,369	0	73.00
74.00	RENAL DIALYSIS	0	116,802	2,334	68,741	18,905	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	54,463	505	13,193	5,628	75.01
75.02	ORTHOTICS LAB	0	92,085	1,085	41,984	9,550	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	135,715	5,442	149,884	23,041	90.00
90.01	CLINIC CSC	0	3,611,305	40,647	1,143,893	680,473	90.01
90.02	CLINIC UNIVERSITY STATION	0	895,477	8,618	251,379	183,115	90.02
90.03	CLINIC WAISMAN	0	479	742	17,973	11,985	90.03
90.04	CLINIC WEST	0	617,805	15,552	427,057	394,628	90.04
90.05	CLINIC EAST	0	357,866	7,204	204,263	319,470	90.05
90.06	CLINIC RESEARCH PARK	0	305,763	2,312	91,718	79,942	90.06
91.00	EMERGENCY	0	547,525	9,094	252,072	90,951	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	3,436,656	2,592	67,192	106,995	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	38,546	3,823	93,767	28,351	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	217,510	3,620	203,335	20,445	105.00
106.00	HEART ACQUISITION	0	2,519	347	38,172	1,990	106.00
107.00	LIVER ACQUISITION	0	85,226	1,508	89,331	8,669	107.00
108.00	LUNG ACQUISITION	0	5,359	615	45,562	3,216	108.00
109.00	PANCREAS ACQUISITION	0	7,418	524	38,958	3,648	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	49,620	3,869	102,091	13,723	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	65,122,576	583,026	19,799,582	5,141,920	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,695	231	15,209	8,546	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	311,812	3,204	116,772	130,126	194.01
194.02	CLINICAL RESEARCH CENTER	0	114,937	2,625	64,772	24,249	194.02
194.03	FAMILY MEDICINE	0	0	0	3,966	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	8,755	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	89,570	1,894	34,731	26,831	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	1,044	128	9,939	0	194.06
194.07	PUBLIC AFFAIRS	0	138,031	2,647	160,613	21,672	194.07
194.08	RETAIL PHARMACIES	0	201,733	2,537	383,780	11,369	194.08
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	66,015,398	596,292	20,598,119	5,364,713	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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	0					7.00
8.00	LAUNDRY & LINEN SERVICE	0	147,590				8.00
9.00	HOUSEKEEPING	0	8,845	944,335			9.00
10.00	DIETARY	0	553	28,206	1,249,079		10.00
11.00	CAFETERIA	0	0	0	932,915	932,915	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	87	24,580	0	40,684	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,174	26,056	0	34,840	14.00
15.00	PHARMACY	0	475	18,272	0	47,624	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	18,761	0	3,249	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	44	2,593	0	2,870	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,008	11,048	0	120,917	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	878	0	1,917	23.01
23.02	EMERGENCY MED PROGRAM	0	1	5,062	0	1,885	23.02
23.03	DIETARY PROGRAM	0	0	161	0	741	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	688	0	1,262	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	509	0	849	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	173	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	36,684	98,289	238,938	169,002	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	5,236	9,106	4,739	22,906	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	2,593	9,000	15,579	14,510	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	1,354	1,573	2,696	5,978	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	1,902	12,058	3,664	12,918	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	2,518	10,029	7,497	11,285	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	2,101	3,903	5,016	5,973	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	703	5,803	18,192	6,299	40.00
41.00	SUBPROVIDER - IRF	0	1,891	7,036	19,062	8,177	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	44,403	72,740	8	71,643	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,422	1,549	0	5,978	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,282	33,687	58	38,206	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,074	26,332	0	7,658	55.00
56.00	RADIOISOTOPE	0	14	1,856	0	3,223	56.00
57.00	CT SCAN	0	1,560	3,766	0	5,254	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,748	8,653	0	5,025	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	2	2,659	0	2,866	59.01
60.00	LABORATORY	0	106	31,048	0	54,170	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
65.00	RESPIRATORY THERAPY	0	22	11,120	0	24,683	65.00
65.01	NEUROPSYCH TESTING	0	0	741	0	1,281	65.01
66.00	PHYSICAL THERAPY	0	919	38,657	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	3,623	11,550	73	10,535	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	170	3,743	3	3,655	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	487	3,417	0	3,996	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	30	1,017	0	1,174	75.01
75.02	ORTHOTICS LAB	0	25	1,726	0	2,720	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	4,165	0	17,053	90.00
90.01	CLINIC CSC	0	7,411	122,997	601	97,456	90.01
90.02	CLINIC UNIVERSITY STATION	0	211	33,098	0	0	90.02
90.03	CLINIC WAISMAN	0	9	2,166	0	0	90.03
90.04	CLINIC WEST	0	1,277	71,329	0	5,244	90.04
90.05	CLINIC EAST	0	413	57,744	0	1,804	90.05
90.06	CLINIC RESEARCH PARK	0	33	14,450	0	0	90.06
91.00	EMERGENCY	0	6,210	16,439	38	17,424	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	145	19,339	0	4,411	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	5,124	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	8	3,695	0	7,506	105.00
106.00	HEART ACQUISITION	0	0	360	0	720	106.00
107.00	LIVER ACQUISITION	0	3	1,567	0	3,126	107.00
108.00	LUNG ACQUISITION	0	0	581	0	1,274	108.00
109.00	PANCREAS ACQUISITION	0	0	659	0	1,087	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	2,480	0	8,022	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	144,776	904,065	1,249,079	921,253	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,545	0	1,047	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	2,508	23,520	0	2,330	194.01
194.02	CLINICAL RESEARCH CENTER	0	273	4,383	0	4,388	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	33	4,850	0	3,897	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	3,917	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	2,055	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	147,590	944,335	1,249,079	932,915	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	2,595,184				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	1,583,140			14.00
15.00	PHARMACY	0	0	21,160	2,216,907		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	11	0	787,114	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	251	126	1,407	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,673	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	293	5	0	23.02
23.03	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	1	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	604,732	110,880	137,553	76,655	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	81,966	40,028	26,276	17,609	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	51,922	43,692	10,838	9,082	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	21,391	8,423	7,132	3,342	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	46,226	13,986	8,387	9,927	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	40,380	12,251	10,101	9,524	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	21,375	9,473	6,630	2,804	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	22,539	832	1,921	3,009	40.00
41.00	SUBPROVIDER - IRF	0	29,259	3,827	5,273	3,591	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	256,359	481,856	130,746	145,490	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	21,391	96,231	197,461	30,238	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	136,712	180,383	24,629	49,062	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	27,402	12,730	3,582	23,458	55.00
56.00	RADIOISOTOPE	0	11,534	1,081	5,919	5,217	56.00
57.00	CT SCAN	0	18,799	13,570	9,714	44,419	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	17,982	11,113	5,389	38,750	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	10,254	120	10	780	59.01
60.00	LABORATORY	0	0	25,747	7,647	91,906	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	88,323	82,049	4,776	15,316	65.00
65.01	NEUROPSYCH TESTING	0	4,582	8	0	616	65.01
66.00	PHYSICAL THERAPY	0	136,910	13,320	2,557	24,161	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	37,697	167,690	19,014	46,052	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,337	865	3,374	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	13,055	2,548	2,358	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	0	384	236	1,110	75.01
75.02	ORTHOTICS LAB	0	0	11,423	66	1,236	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	61,021	74	0	0	90.00
90.01	CLINIC CSC	0	348,728	114,558	53,935	40,877	90.01
90.02	CLINIC UNIVERSITY STATION	0	82,866	4,357	12,534	6,659	90.02
90.03	CLINIC WAISMAN	0	2,724	371	22	512	90.03
90.04	CLINIC WEST	0	129,959	19,452	18,677	10,762	90.04
90.05	CLINIC EAST	0	59,617	6,131	8,638	5,604	90.05
90.06	CLINIC RESEARCH PARK	0	22,985	9,543	850	2,509	90.06
91.00	EMERGENCY	0	62,350	32,216	31,600	25,814	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	15,786	1,501	676	5,036	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	27,022	762	791	1,574	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	26,857	10,130	1,268	12,174	105.00
106.00	HEART ACQUISITION	0	2,576	41	41	761	106.00
107.00	LIVER ACQUISITION	0	11,187	3,957	496	2,137	107.00
108.00	LUNG ACQUISITION	0	4,557	95	96	1,634	108.00
109.00	PANCREAS ACQUISITION	0	3,889	666	36	1,025	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	28,706	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,578,565	1,581,059	761,734	777,571	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	611	6,809	143	194.01
194.02	CLINICAL RESEARCH CENTER	0	15,703	1,015	1,235	972	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	246	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	118	351	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	916	170	0	13	194.06
194.07	PUBLIC AFFAIRS	0	0	19	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	148	1,446,778	8,169	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,595,184	1,583,140	2,216,907	787,114	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		17.00	18.00	18.01	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	0					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	168,954			18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
23.01	PHARMACY PROGRAM	0	0	0			23.01
23.02	EMERGENCY MED PROGRAM	0	0	0			23.02
23.03	DIETARY PROGRAM	0	0	0			23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0			23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0			23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0			23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0			30.00
31.00	INTENSIVE CARE UNIT	0	0	0			31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0			31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0			31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0			31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0			31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0			31.05
32.00	CORONARY CARE UNIT	0	0	0			32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
40.00	SUBPROVIDER - IPF	0	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	0	0	0			43.00
44.00	SKILLED NURSING FACILITY	0	0	0			44.00
45.00	NURSING FACILITY	0	0	0			45.00
46.00	OTHER LONG TERM CARE	0	0	0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0			50.00
51.00	RECOVERY ROOM	0	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
59.01	CARDIAC REHABILITATION	0	0	0			59.01
60.00	LABORATORY	0	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		17.00	18.00	18.01	19.00	20.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0	0			65.00
65.01	NEUROPSYCH TESTING	0	0	0			65.01
66.00	PHYSICAL THERAPY	0	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0			75.01
75.02	ORTHOTICS LAB	0	0	0			75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	CLINIC CSC	0	0	0			90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0			90.02
90.03	CLINIC WAISMAN	0	0	0			90.03
90.04	CLINIC WEST	0	0	0			90.04
90.05	CLINIC EAST	0	0	0			90.05
90.06	CLINIC RESEARCH PARK	0	0	0			90.06
91.00	EMERGENCY	0	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	AMBULANCE SERVICES	0	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	111,327			105.00
106.00	HEART ACQUISITION	0	0	1,977			106.00
107.00	LIVER ACQUISITION	0	0	8,890			107.00
108.00	LUNG ACQUISITION	0	0	2,852			108.00
109.00	PANCREAS ACQUISITION	0	0	2,915			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	POST TRANSPLANT	0	0	40,993			112.00
112.01	PRE TRANSPLANT	0	0	0			112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	168,954	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	RESEARCH	0	0	0			191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
193.00	NONPAID WORKERS	0	0	0			193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0			194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0			194.02
194.03	FAMILY MEDICINE	0	0	0			194.03
194.04	COMMUNICATION AIDS	0	0	0			194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0			194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0			194.06
194.07	PUBLIC AFFAIRS	0	0	0			194.07
194.08	RETAIL PHARMACIES	0	0	0			194.08
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	168,954	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,240,821					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	PHARMACY PROGRAM				49,633		23.01
23.02	EMERGENCY MED PROGRAM					185,359	23.02
23.03	DIETARY PROGRAM						23.03
23.04	RADIOLOGIC TECHNOLOGIST						23.04
23.05	ULTRASOUND TECHNOLOGIST						23.05
23.06	RADIOTHERAPY TECHNOLOGIST						23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS						30.00
31.00	INTENSIVE CARE UNIT						31.00
31.01	TRAUMA INTENSIVE CARE UNIT						31.01
31.02	CARDIOTHORACIC SURGERY ICU						31.02
31.03	CARDIAC INTENSIVE CARE UNIT						31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT						31.04
31.05	NEURO INTENSIVE CARE UNIT						31.05
32.00	CORONARY CARE UNIT						32.00
33.00	BURN INTENSIVE CARE UNIT						33.00
34.00	SURGICAL INTENSIVE CARE UNIT						34.00
40.00	SUBPROVIDER - IPF						40.00
41.00	SUBPROVIDER - IRF						41.00
42.00	SUBPROVIDER						42.00
43.00	NURSERY						43.00
44.00	SKILLED NURSING FACILITY						44.00
45.00	NURSING FACILITY						45.00
46.00	OTHER LONG TERM CARE						46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM						50.00
51.00	RECOVERY ROOM						51.00
52.00	DELIVERY ROOM & LABOR ROOM						52.00
53.00	ANESTHESIOLOGY						53.00
54.00	RADIOLOGY-DIAGNOSTIC						54.00
55.00	RADIOLOGY-THERAPEUTIC						55.00
56.00	RADIOISOTOPE						56.00
57.00	CT SCAN						57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00	CARDIAC CATHETERIZATION						59.00
59.01	CARDIAC REHABILITATION						59.01
60.00	LABORATORY						60.00
60.01	BLOOD LABORATORY						60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
		21.00	22.00	23.00	23.01	23.02	
63.00	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	INTRAVENOUS THERAPY						64.00
65.00	RESPIRATORY THERAPY						65.00
65.01	NEUROPSYCH TESTING						65.01
66.00	PHYSICAL THERAPY						66.00
67.00	OCCUPATIONAL THERAPY						67.00
68.00	SPEECH PATHOLOGY						68.00
69.00	ELECTROCARDIOLOGY						69.00
70.00	ELECTROENCEPHALOGRAPHY						70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	DRUGS CHARGED TO PATIENTS						73.00
74.00	RENAL DIALYSIS						74.00
75.00	ASC (NON-DISTINCT PART)						75.00
75.01	PULMONARY FUNCTION TESTING						75.01
75.02	ORTHOTICS LAB						75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC						88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	CLINIC						90.00
90.01	CLINIC CSC						90.01
90.02	CLINIC UNIVERSITY STATION						90.02
90.03	CLINIC WAISMAN						90.03
90.04	CLINIC WEST						90.04
90.05	CLINIC EAST						90.05
90.06	CLINIC RESEARCH PARK						90.06
91.00	EMERGENCY						91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS						94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	OTHER REIMBURSABLE COST CENTERS						98.00
99.00	CMHC						99.00
99.10	CORF						99.10
100.00	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION						105.00
106.00	HEART ACQUISITION						106.00
107.00	LIVER ACQUISITION						107.00
108.00	LUNG ACQUISITION						108.00
109.00	PANCREAS ACQUISITION						109.00
110.00	INTESTINAL ACQUISITION						110.00
111.00	ISLET ACQUISITION						111.00
112.00	POST TRANSPLANT						112.00
112.01	PRE TRANSPLANT						112.01
112.02	OPO ADMINISTRATIVE COSTS						112.02
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	HOSPICE						116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	RESEARCH						191.00
192.00	PHYSICIANS' PRIVATE OFFICES						192.00
193.00	NONPAID WORKERS						193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01	OTHER AUXILIARY SERVICES						194.01
194.02	CLINICAL RESEARCH CENTER						194.02
194.03	FAMILY MEDICINE						194.03
194.04	COMMUNICATION AIDS						194.04
194.05	INVESTIGATIONAL PHARMACY						194.05
194.06	RONALD MCDONALD CARE MOBILE						194.06
194.07	PUBLIC AFFAIRS						194.07
194.08	RETAIL PHARMACIES						194.08
200.00	Cross Foot Adjustments	1,240,821	0	0	49,633	185,359	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,240,821	0	0	49,633	185,359	202.00

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	Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.03	23.04	23.05	23.06	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	PHARMACY PROGRAM						23.01
23.02	EMERGENCY MED PROGRAM						23.02
23.03	DIETARY PROGRAM	8,075					23.03
23.04	RADIOLOGIC TECHNOLOGIST		54,546				23.04
23.05	ULTRASOUND TECHNOLOGIST			17,033			23.05
23.06	RADIOTHERAPY TECHNOLOGIST				1,718		23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS					7,049,475	30.00
31.00	INTENSIVE CARE UNIT					0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT					1,068,675	31.01
31.02	CARDIOTHORACIC SURGERY ICU					827,433	31.02
31.03	CARDIAC INTENSIVE CARE UNIT					194,481	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT					678,073	31.04
31.05	NEURO INTENSIVE CARE UNIT					631,326	31.05
32.00	CORONARY CARE UNIT					0	32.00
33.00	BURN INTENSIVE CARE UNIT					276,519	33.00
34.00	SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00	SUBPROVIDER - IPF					312,905	40.00
41.00	SUBPROVIDER - IRF					431,324	41.00
42.00	SUBPROVIDER					0	42.00
43.00	NURSERY					0	43.00
44.00	SKILLED NURSING FACILITY					0	44.00
45.00	NURSING FACILITY					0	45.00
46.00	OTHER LONG TERM CARE					0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM					9,437,802	50.00
51.00	RECOVERY ROOM					0	51.00
52.00	DELIVERY ROOM & LABOR ROOM					0	52.00
53.00	ANESTHESIOLOGY					1,164,605	53.00
54.00	RADIOLOGY-DIAGNOSTIC					3,203,232	54.00
55.00	RADIOLOGY-THERAPEUTIC					1,884,702	55.00
56.00	RADIOISOTOPE					186,428	56.00
57.00	CT SCAN					862,460	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)					1,846,377	58.00
59.00	CARDIAC CATHETERIZATION					0	59.00
59.01	CARDIAC REHABILITATION					112,635	59.01
60.00	LABORATORY					3,235,513	60.00
60.01	BLOOD LABORATORY					0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.					0	63.00
64.00	INTRAVENOUS THERAPY					0	64.00

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	Cost Center Description	DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.03	23.04	23.05	23.06	24.00	
65.00	RESPIRATORY THERAPY					1,181,873	65.00
65.01	NEUROPSYCH TESTING					36,783	65.01
66.00	PHYSICAL THERAPY					1,844,064	66.00
67.00	OCCUPATIONAL THERAPY					0	67.00
68.00	SPEECH PATHOLOGY					0	68.00
69.00	ELECTROCARDIOLOGY					2,641,162	69.00
70.00	ELECTROENCEPHALOGRAPHY					261,971	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					20,666	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS					513,855	72.00
73.00	DRUGS CHARGED TO PATIENTS					2,959,369	73.00
74.00	RENAL DIALYSIS					232,643	74.00
75.00	ASC (NON-DISTINCT PART)					0	75.00
75.01	PULMONARY FUNCTION TESTING					77,740	75.01
75.02	ORTHOTICS LAB					161,900	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC					0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	CLINIC					396,395	90.00
90.01	CLINIC CSC					6,262,881	90.01
90.02	CLINIC UNIVERSITY STATION					1,478,314	90.02
90.03	CLINIC WAISMAN					36,983	90.03
90.04	CLINIC WEST					1,711,742	90.04
90.05	CLINIC EAST					1,028,754	90.05
90.06	CLINIC RESEARCH PARK					530,105	90.06
91.00	EMERGENCY					1,091,733	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS					0	94.00
95.00	AMBULANCE SERVICES					3,660,329	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD					0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS					0	98.00
99.00	CMHC					0	99.00
99.10	CORF					0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	HOME HEALTH AGENCY					199,760	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION					617,875	105.00
106.00	HEART ACQUISITION					49,504	106.00
107.00	LIVER ACQUISITION					216,097	107.00
108.00	LUNG ACQUISITION					65,841	108.00
109.00	PANCREAS ACQUISITION					60,825	109.00
110.00	INTESTINAL ACQUISITION					0	110.00
111.00	ISLET ACQUISITION					0	111.00
112.00	POST TRANSPLANT					249,504	112.00
112.01	PRE TRANSPLANT					0	112.01
112.02	OPO ADMINISTRATIVE COSTS					0	112.02
113.00	INTEREST EXPENSE					0	113.00
114.00	UTILIZATION REVIEW-SNF					0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00	HOSPICE					0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	60,992,633	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					62,273	190.00
191.00	RESEARCH					0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00	NONPAID WORKERS					0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS					0	194.00
194.01	OTHER AUXILIARY SERVICES					597,835	194.01
194.02	CLINICAL RESEARCH CENTER					234,552	194.02
194.03	FAMILY MEDICINE					3,966	194.03
194.04	COMMUNICATION AIDS					9,001	194.04
194.05	INVESTIGATIONAL PHARMACY					162,275	194.05
194.06	RONALD MCDONALD CARE MOBILE					12,210	194.06
194.07	PUBLIC AFFAIRS					326,899	194.07
194.08	RETAIL PHARMACIES					2,056,569	194.08
200.00	Cross Foot Adjustments	8,075	54,546	17,033	1,718	1,557,185	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,075	54,546	17,033	1,718	66,015,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
1.01	CAP REL COSTS-RESEARCH PARK				1.01
1.02	CAP REL COSTS- WEST CLINIC				1.02
1.03	CAP REL COSTS- EAST CLINIC				1.03
1.04	CAP REL COSTS- 600 HIGHLAND				1.04
1.05	CAP REL COSTS- WAISMAN				1.05
1.06	CAP REL COSTS- USTATION				1.06
1.07	CAP REL COSTS- EXCELSIOR				1.07
1.08	CAP REL COSTS- 8007 EXCEL				1.08
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
12.00	MAINTENANCE OF PERSONNEL				12.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	HISTOCOMPATIBILITY LAB				18.01
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	PHARMACY PROGRAM				23.01
23.02	EMERGENCY MED PROGRAM				23.02
23.03	DIETARY PROGRAM				23.03
23.04	RADIOLOGIC TECHNOLOGIST				23.04
23.05	ULTRASOUND TECHNOLOGIST				23.05
23.06	RADIOTHERAPY TECHNOLOGIST				23.06
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	7,049,475		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	1,068,675		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	827,433		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	194,481		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	678,073		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	631,326		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	276,519		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	312,905		40.00
41.00	SUBPROVIDER - IRF	0	431,324		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	9,437,802		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	1,164,605		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,203,232		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,884,702		55.00
56.00	RADIOISOTOPE	0	186,428		56.00
57.00	CT SCAN	0	862,460		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,846,377		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	112,635		59.01
60.00	LABORATORY	0	3,235,513		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	1,181,873		65.00
65.01	NEUROPSYCH TESTING	0	36,783		65.01
66.00	PHYSICAL THERAPY	0	1,844,064		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	2,641,162		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	261,971		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,666		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	513,855		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,959,369		73.00
74.00	RENAL DIALYSIS	0	232,643		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	77,740		75.01
75.02	ORTHOTICS LAB	0	161,900		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	396,395	792,790		90.00
90.01	CLINIC CSC	-224,892	6,037,989		90.01
90.02	CLINIC UNIVERSITY STATION	-52,976	1,425,338		90.02
90.03	CLINIC WAISMAN	-1,325	35,658		90.03
90.04	CLINIC WEST	-61,340	1,650,402		90.04
90.05	CLINIC EAST	-36,865	991,889		90.05
90.06	CLINIC RESEARCH PARK	-18,996	511,109		90.06
91.00	EMERGENCY	0	1,091,733		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	3,660,329		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	199,760		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	617,875		105.00
106.00	HEART ACQUISITION	0	49,504		106.00
107.00	LIVER ACQUISITION	0	216,097		107.00
108.00	LUNG ACQUISITION	0	65,841		108.00
109.00	PANCREAS ACQUISITION	0	60,825		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
112.00	POST TRANSPLANT	0	249,504		112.00
112.01	PRE TRANSPLANT	0	0		112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0		112.02
113.00	INTEREST EXPENSE	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	60,992,634		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,273		190.00
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	NONPAID WORKERS	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	OTHER AUXILIARY SERVICES	0	597,835		194.01
194.02	CLINICAL RESEARCH CENTER	0	234,552		194.02
194.03	FAMILY MEDICINE	0	3,966		194.03
194.04	COMMUNICATION AIDS	0	9,001		194.04
194.05	INVESTIGATIONAL PHARMACY	0	162,275		194.05
194.06	RONALD MCDONALD CARE MOBILE	0	12,210		194.06
194.07	PUBLIC AFFAIRS	0	326,899		194.07
194.08	RETAIL PHARMACIES	0	2,056,569		194.08
200.00	Cross Foot Adjustments	0	1,557,185		200.00
201.00	Negative Cost Centers	0	0		201.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
		25.00	26.00				
202.00	TOTAL (sum lines 118-201)	0	66,015,399				202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	CAP REL COSTS-RESEARCH PARK	0	59,685				1.01
1.02	CAP REL COSTS- WEST CLINIC	0	0	87,473			1.02
1.03	CAP REL COSTS- EAST CLINIC	0	0	0	91,873		1.03
1.04	CAP REL COSTS- 600 HIGHLAND	0	0	0	0	933,766	1.04
1.05	CAP REL COSTS- WAISMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS- USTATION	0	0	0	0	0	1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	0	0	0	1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	3,857	4.00
5.00	ADMINISTRATIVE & GENERAL	0	0	0	192	72,964	5.00
6.00	MAINTENANCE & REPAIRS	0	216	190	1,890	100,564	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	3,022	8.00
9.00	HOUSEKEEPING	0	372	1,213	2,422	21,843	9.00
10.00	DIETARY	0	0	0	0	32,942	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	25,320	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	911	1,342	28,018	14.00
15.00	PHARMACY	0	0	1,748	1,852	15,497	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	56	165	3,537	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	0	0	3,029	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	118	0	11,881	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	1,025	23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	DIETARY PROGRAM	0	0	79	0	109	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	114,794	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	10,635	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	10,511	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	1,837	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	14,083	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	11,713	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	4,558	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	6,778	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	8,218	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	84,955	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	1,809	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,099	2,224	2,365	28,700	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	8,971	21,783	55.00
56.00	RADIOISOTOPE	0	0	0	0	2,168	56.00
57.00	CT SCAN	0	553	0	0	3,845	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,602	0	0	6,504	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	2,352	0	360	393	59.01
60.00	LABORATORY	0	0	1,691	1,955	31,650	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	5,981	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	865	65.01
66.00	PHYSICAL THERAPY	0	10,640	0	1,929	11,221	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	13,490	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	4,371	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	3,956	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	1,188	75.01
75.02	ORTHOTICS LAB	0	765	0	0	431	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	1,013	218	3,392	90.00
90.01	CLINIC CSC	0	0	589	310	140,288	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	194	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	77,641	321	3,017	90.04
90.05	CLINIC EAST	0	0	0	67,441	0	90.05
90.06	CLINIC RESEARCH PARK	0	15,399	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	19,200	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	22,587	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	72	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	1,664	105.00
106.00	HEART ACQUISITION	0	0	0	0	97	106.00
107.00	LIVER ACQUISITION	0	0	0	0	665	107.00
108.00	LUNG ACQUISITION	0	0	0	0	196	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	116	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	0	0	2,897	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	36,998	87,473	91,733	924,430	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,804	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	22,687	0	140	652	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	5,119	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	1,651	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	110	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	682,536	509,588	414,970	15,993,662	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	11.435637	5.825660	4.516779	17.128126	203.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR (SQUARE FEET)	8007 EXCEL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN	4,007					1.05
1.06	CAP REL COSTS- USTATION	0	43,512				1.06
1.07	CAP REL COSTS- EXCELSIOR	0	0	36,002			1.07
1.08	CAP REL COSTS- 8007 EXCEL	0	0	0	45,980		1.08
2.00	CAP REL COSTS-MVBLE EQUIP					87,473	2.00
4.00	EMPLOYEE BENEFITS	0	810	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	0	33,945	24,648	0	5.00
6.00	MAINTENANCE & REPAIRS	0	565	2,057	466	190	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	264	0	0	1,213	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	1,119	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	160	0	0	911	14.00
15.00	PHARMACY	0	992	0	0	1,748	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	123	0	18,030	56	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	118	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	0	0	0	0	23.02
23.03	DIETARY PROGRAM	0	0	0	0	79	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	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
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	528	0	1,717	2,224	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	466	0	0	1,691	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR (SQUARE FEET)	8007 EXCEL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	1,420	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	35	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	241	0	0	1,013	90.00
90.01	CLINIC CSC	0	151	0	0	589	90.01
90.02	CLINIC UNIVERSITY STATION	0	37,159	0	0	0	90.02
90.03	CLINIC WAISMAN	2,530	0	0	0	0	90.03
90.04	CLINIC WEST	0	55	0	0	77,641	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	1,477	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,007	42,969	36,002	45,980	87,473	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	543	0	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	776,887	641,364	266,574	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	17.854546	17.814677	5.797608	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR (SQUARE FEET)	8007 EXCEL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	372,109,952					4.00
5.00	ADMINISTRATIVE & GENERAL	45,031,291	-207,656,256	799,567,282			5.00
6.00	MAINTENANCE & REPAIRS	3,478,347	0	35,889,825	1,132,505		6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	52,285	0	3,160,864	3,022	0	8.00
9.00	HOUSEKEEPING	7,935,668	0	13,812,473	26,572	0	9.00
10.00	DIETARY	5,186,145	0	7,185,687	32,942	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	14,099,244	0	23,110,738	28,708	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,339,334	0	6,800,274	30,431	0	14.00
15.00	PHARMACY	16,489,569	0	14,391,728	21,340	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,663,422	0	15,311,093	21,911	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	778,541	0	2,573,477	3,029	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20,429,021	0	29,341,781	12,903	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	617,182	0	909,803	1,025	0	23.01
23.02	EMERGENCY MED PROGRAM	532,346	0	843,421	5,912	0	23.02
23.03	DIETARY PROGRAM	87,612	0	148,073	188	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	363,899	0	489,636	804	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	312,088	0	391,756	594	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	54,308	0	56,601	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	51,393,972	0	81,099,851	114,794	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	7,516,783	0	13,455,522	10,635	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	4,721,019	0	7,968,730	10,511	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	2,005,155	0	3,163,145	1,837	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	4,697,122	0	7,537,207	14,083	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	3,883,913	0	7,208,978	11,713	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	2,097,562	0	3,264,080	4,558	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,120,203	0	3,231,332	6,778	0	40.00
41.00	SUBPROVIDER - IRF	2,431,390	0	3,954,049	8,218	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	23,980,646	0	71,884,395	84,955	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,285,610	0	6,546,314	1,809	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,919,129	0	24,820,319	39,344	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,663,882	0	6,758,586	30,754	0	55.00
56.00	RADIOISOTOPE	1,105,740	0	3,222,081	2,168	0	56.00
57.00	CT SCAN	1,647,783	0	4,824,829	4,398	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,079,889	0	6,365,674	10,106	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	666,645	0	1,003,276	3,105	0	59.01
60.00	LABORATORY	14,324,699	0	40,259,934	36,262	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	6,571,976	0	12,743,028	12,987	0	65.00
65.01	NEUROPSYCH TESTING	213,989	0	341,730	865	0	65.01
66.00	PHYSICAL THERAPY	11,570,731	0	18,784,114	45,148	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	5,527,790	0	18,735,156	13,490	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,017,166	0	1,676,040	4,371	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	802,182	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,946,228	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	114,886,265	0	0	73.00
74.00	RENAL DIALYSIS	1,457,101	0	2,668,296	3,991	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	315,348	0	512,128	1,188	0	75.01
75.02	ORTHOTICS LAB	677,534	0	1,629,699	2,016	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,396,957	0	5,818,035	4,864	0	90.00
90.01	CLINIC CSC	25,372,421	0	44,402,356	143,650	0	90.01
90.02	CLINIC UNIVERSITY STATION	5,379,592	0	9,757,738	38,656	0	90.02
90.03	CLINIC WAISMAN	462,989	0	697,651	2,530	0	90.03
90.04	CLINIC WEST	9,707,718	0	16,577,019	83,307	0	90.04
90.05	CLINIC EAST	4,497,035	0	7,928,857	67,441	0	90.05
90.06	CLINIC RESEARCH PARK	1,443,316	0	3,560,192	16,876	0	90.06
91.00	EMERGENCY	5,676,665	0	9,784,640	19,200	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	1,618,011	0	2,608,168	22,587	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,386,611	0	3,639,750	5,985	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	2,259,918	0	7,892,819	4,316	0	105.00
106.00	HEART ACQUISITION	216,685	0	1,481,721	420	0	106.00
107.00	LIVER ACQUISITION	941,365	0	3,467,535	1,830	0	107.00
108.00	LUNG ACQUISITION	383,815	0	1,768,562	679	0	108.00
109.00	PANCREAS ACQUISITION	326,936	0	1,512,246	770	0	109.00
110.00	INTESTINAL ACQUISITION	0	52,463	0	0	0	110.00
111.00	ISLET ACQUISITION	0	410	0	0	0	111.00
112.00	POST TRANSPLANT	2,415,294	0	3,962,835	2,897	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	363,828,407	-207,603,383	768,570,522	1,085,473	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	144,373	0	590,366	1,804	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	1,999,961	0	4,532,741	27,470	0	194.01
194.02	CLINICAL RESEARCH CENTER	1,638,884	0	2,514,240	5,119	0	194.02
194.03	FAMILY MEDICINE	0	0	153,958	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	339,835	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	1,182,475	0	1,348,152	5,664	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	79,755	0	385,810	0	0	194.06
194.07	PUBLIC AFFAIRS	1,652,366	0	6,234,507	4,575	0	194.07
194.08	RETAIL PHARMACIES	1,583,731	0	14,897,151	2,400	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,502,749		207,656,256	45,210,807	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.025537		0.259711	39.921066	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	596,292		20,598,119	5,364,713	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001602		0.025762	4.737033	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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	3,316,883					8.00
9.00	HOUSEKEEPING	198,779	1,102,911				9.00
10.00	DIETARY	12,424	32,942	1,128,619			10.00
11.00	CAFETERIA	0	0	842,945	404,339		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,954	28,708	0	17,633	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	48,857	30,431	0	15,100	0	14.00
15.00	PHARMACY	10,666	21,340	0	20,641	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2	21,911	0	1,408	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	985	3,029	0	1,244	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22,652	12,903	0	52,407	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	1,025	0	831	0	23.01
23.02	EMERGENCY MED PROGRAM	17	5,912	0	817	0	23.02
23.03	DIETARY PROGRAM	0	188	0	321	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	804	0	547	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	594	0	368	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	75	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	824,417	114,794	215,895	73,247	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	117,681	10,635	4,282	9,928	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	58,271	10,511	14,077	6,289	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	30,424	1,837	2,436	2,591	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	42,749	14,083	3,311	5,599	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	56,592	11,713	6,774	4,891	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	47,221	4,558	4,532	2,589	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	15,790	6,778	16,438	2,730	0	40.00
41.00	SUBPROVIDER - IRF	42,506	8,218	17,224	3,544	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	997,890	84,955	7	31,051	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	31,963	1,809	0	2,591	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	118,709	39,344	52	16,559	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	24,141	30,754	0	3,319	0	55.00
56.00	RADIOISOTOPE	317	2,168	0	1,397	0	56.00
57.00	CT SCAN	35,060	4,398	0	2,277	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	39,287	10,106	0	2,178	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	48	3,105	0	1,242	0	59.01
60.00	LABORATORY	2,372	36,262	0	23,478	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	488	12,987	0	10,698	0	65.00
65.01	NEUROPSYCH TESTING	0	865	0	555	0	65.01
66.00	PHYSICAL THERAPY	20,659	45,148	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	81,426	13,490	66	4,566	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,810	4,371	3	1,584	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	10,951	3,991	0	1,732	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	684	1,188	0	509	0	75.01
75.02	ORTHOTICS LAB	551	2,016	0	1,179	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	4,864	0	7,391	0	90.00
90.01	CLINIC CSC	166,545	143,650	543	42,239	0	90.01
90.02	CLINIC UNIVERSITY STATION	4,745	38,656	0	0	0	90.02
90.03	CLINIC WAISMAN	211	2,530	0	0	0	90.03
90.04	CLINIC WEST	28,695	83,307	0	2,273	0	90.04
90.05	CLINIC EAST	9,288	67,441	0	782	0	90.05
90.06	CLINIC RESEARCH PARK	733	16,876	0	0	0	90.06
91.00	EMERGENCY	139,571	19,200	34	7,552	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	3,254	22,587	0	1,912	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	5,985	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	173	4,316	0	3,253	0	105.00
106.00	HEART ACQUISITION	5	420	0	312	0	106.00
107.00	LIVER ACQUISITION	68	1,830	0	1,355	0	107.00
108.00	LUNG ACQUISITION	11	679	0	552	0	108.00
109.00	PANCREAS ACQUISITION	5	770	0	471	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	2,897	0	3,477	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,253,647	1,055,879	1,128,619	399,284	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,804	0	454	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	56,363	27,470	0	1,010	0	194.01
194.02	CLINICAL RESEARCH CENTER	6,142	5,119	0	1,902	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	731	5,664	0	1,689	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	4,575	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	2,400	0	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,102,416	18,706,363	10,941,061	8,171,678	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.236829	16.960900	9.694202	20.209967	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	147,590	944,335	1,249,079	932,915	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.044497	0.856220	1.106732	2.307260	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION	314,337					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	32,920,890				14.00
15.00	PHARMACY	0	440,013	18,784,281			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	233	2	1,876,077,265		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	HISTOCOMPATIBILITY LAB	0	5,226	1,066	3,350,437	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	22,652	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	PHARMACY PROGRAM	0	0	0	0	0	23.01
23.02	EMERGENCY MED PROGRAM	0	6,094	45	0	0	23.02
23.03	DIETARY PROGRAM	0	0	0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	30	0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	73,247	2,305,719	1,165,512	182,512,617	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	9,928	832,375	222,643	41,925,213	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	6,289	908,575	91,832	21,624,136	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	2,591	175,154	60,427	7,957,577	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	5,599	290,832	71,065	23,636,399	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	4,891	254,766	85,591	22,675,758	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	2,589	196,982	56,181	6,675,187	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,730	17,297	16,275	7,165,142	0	40.00
41.00	SUBPROVIDER - IRF	3,544	79,586	44,679	8,549,489	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	31,051	10,019,854	1,107,836	348,400,549	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,591	2,001,110	1,673,131	71,994,999	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,559	3,751,030	208,684	116,813,492	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,319	264,725	30,351	55,851,410	0	55.00
56.00	RADIOISOTOPE	1,397	22,482	50,153	12,421,775	0	56.00
57.00	CT SCAN	2,277	282,186	82,308	105,759,159	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,178	231,093	45,663	92,262,152	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	1,242	2,504	86	1,856,623	0	59.01
60.00	LABORATORY	0	535,409	64,794	218,824,467	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	10,698	1,706,185	40,465	36,466,988	0	65.00
65.01	NEUROPSYCH TESTING	555	159	0	1,467,286	0	65.01
66.00	PHYSICAL THERAPY	16,583	276,996	21,669	57,526,817	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	4,566	3,487,081	161,108	109,648,790	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	27,801	7,328	8,033,654	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	271,485	21,591	5,613,418	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	7,979	2,002	2,642,618	0	75.01
75.02	ORTHOTICS LAB	0	237,548	563	2,942,684	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	7,391	1,549	0	0	0	90.00
90.01	CLINIC CSC	42,239	2,382,213	457,002	97,326,239	0	90.01
90.02	CLINIC UNIVERSITY STATION	10,037	90,599	106,202	15,854,232	0	90.02
90.03	CLINIC WAISMAN	330	7,718	184	1,219,966	0	90.03
90.04	CLINIC WEST	15,741	404,490	158,257	25,624,736	0	90.04
90.05	CLINIC EAST	7,221	127,495	73,188	13,343,416	0	90.05
90.06	CLINIC RESEARCH PARK	2,784	198,448	7,202	5,974,664	0	90.06
91.00	EMERGENCY	7,552	669,925	267,754	61,461,534	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	1,912	31,204	5,728	11,991,156	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	3,273	15,852	6,700	3,746,642	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	3,253	210,652	10,748	28,984,602	0	105.00
106.00	HEART ACQUISITION	312	844	349	1,811,862	0	106.00
107.00	LIVER ACQUISITION	1,355	82,290	4,199	5,087,983	0	107.00
108.00	LUNG ACQUISITION	552	1,968	813	3,890,149	0	108.00
109.00	PANCREAS ACQUISITION	471	13,839	309	2,439,965	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	3,477	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	312,324	32,877,595	6,454,337	1,853,355,982	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	12,711	57,690	340,139	0	194.01
194.02	CLINICAL RESEARCH CENTER	1,902	21,101	10,465	2,314,144	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	586,798	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	2,462	2,976	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	111	3,529	0	30,516	0	194.06
194.07	PUBLIC AFFAIRS	0	397	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	3,085	12,258,813	19,449,686	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	31,104,598	10,662,954	19,916,144	20,562,427	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	98.953028	0.323896	1.060256	0.010960	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,595,184	1,583,140	2,216,907	787,114	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	8.256056	0.048089	0.118019	0.000420	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		18.00	18.01	19.00	20.00		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0					18.00
18.01	HISTOCOMPATIBILITY LAB	0	18,720				18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	NURSING SCHOOL	0	0		0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	PHARMACY PROGRAM	0	0				23.01
23.02	EMERGENCY MED PROGRAM	0	0				23.02
23.03	DIETARY PROGRAM	0	0				23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	0				23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0				23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0				23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0		0		30.00
31.00	INTENSIVE CARE UNIT	0	0		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0		0		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0		0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0		0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0		0		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0		0		31.05
32.00	CORONARY CARE UNIT	0	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		0		34.00
40.00	SUBPROVIDER - IPF	0	0		0		40.00
41.00	SUBPROVIDER - IRF	0	0		0		41.00
42.00	SUBPROVIDER	0	0		0		42.00
43.00	NURSERY	0	0		0		43.00
44.00	SKILLED NURSING FACILITY	0	0		0		44.00
45.00	NURSING FACILITY	0	0		0		45.00
46.00	OTHER LONG TERM CARE	0	0		0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0	0	0		59.01
60.00	LABORATORY	0	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		18.00	18.01	19.00	20.00		
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0	0		75.01
75.02	ORTHOTICS LAB	0	0	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
90.01	CLINIC CSC	0	0	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0		90.02
90.03	CLINIC WAISMAN	0	0	0	0		90.03
90.04	CLINIC WEST	0	0	0	0		90.04
90.05	CLINIC EAST	0	0	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0		90.06
91.00	EMERGENCY	0	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	12,335	0	0		105.00
106.00	HEART ACQUISITION	0	219	0	0		106.00
107.00	LIVER ACQUISITION	0	985	0	0		107.00
108.00	LUNG ACQUISITION	0	316	0	0		108.00
109.00	PANCREAS ACQUISITION	0	323	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
112.00	POST TRANSPLANT	0	4,542	0	0		112.00
112.01	PRE TRANSPLANT	0	0	0	0		112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0		112.02
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,720	0	0		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0		194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0		194.02
194.03	FAMILY MEDICINE	0	0	0	0		194.03
194.04	COMMUNICATION AIDS	0	0	0	0		194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0		194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0		194.06
194.07	PUBLIC AFFAIRS	0	0	0	0		194.07
194.08	RETAIL PHARMACIES	0	0	0	0		194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	OTHER GENERAL SERVICE HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		18.00	18.01	19.00	20.00		
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)	0	3,480,036	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	185.899359	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	168,954	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	9.025321	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	38,112					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		38,112				22.00
23.00	PARAMED ED PRGM-(SPECIFY)			0			23.00
23.01	PHARMACY PROGRAM			0	100		23.01
23.02	EMERGENCY MED PROGRAM			0	0	100	23.02
23.03	DIETARY PROGRAM			0	0	0	23.03
23.04	RADIOLOGIC TECHNOLOGIST			0	0	0	23.04
23.05	ULTRASOUND TECHNOLOGIST			0	0	0	23.05
23.06	RADIOTHERAPY TECHNOLOGIST			0	0	0	23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	35,490	35,490	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	2,036	2,036	0	0	0	40.00
41.00	SUBPROVIDER - IRF	586	586	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	
		21.00	22.00	23.00	23.01	23.02	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	100	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	100	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	POST TRANSPLANT	0	0	0	0	0	112.00
112.01	PRE TRANSPLANT	0	0	0	0	0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0	0	112.02
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,112	38,112	0	100	100	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0	0	194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0	0	194.02
194.03	FAMILY MEDICINE	0	0	0	0	0	194.03
194.04	COMMUNICATION AIDS	0	0	0	0	0	194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0	0	194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0	0	194.06
194.07	PUBLIC AFFAIRS	0	0	0	0	0	194.07
194.08	RETAIL PHARMACIES	0	0	0	0	0	194.08

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	
		21.00	22.00	23.00	23.01	23.02	
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)	38,807,290	0	0	1,221,187	1,417,308	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,018.243335	0.000000	0.000000	12,211.870000	14,173.080000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,240,821	0	0	49,633	185,359	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	32.557226	0.000000	0.000000	496.330000	1,853.590000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.03	23.04	23.05	23.06		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-RESEARCH PARK						1.01
1.02	CAP REL COSTS- WEST CLINIC						1.02
1.03	CAP REL COSTS- EAST CLINIC						1.03
1.04	CAP REL COSTS- 600 HIGHLAND						1.04
1.05	CAP REL COSTS- WAISMAN						1.05
1.06	CAP REL COSTS- USTATION						1.06
1.07	CAP REL COSTS- EXCELSIOR						1.07
1.08	CAP REL COSTS- 8007 EXCEL						1.08
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
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	HISTOCOMPATIBILITY LAB						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	PHARMACY PROGRAM						23.01
23.02	EMERGENCY MED PROGRAM						23.02
23.03	DIETARY PROGRAM	100					23.03
23.04	RADIOLOGIC TECHNOLOGIST	0	100				23.04
23.05	ULTRASOUND TECHNOLOGIST	0	0	100			23.05
23.06	RADIOTHERAPY TECHNOLOGIST	0	0	0	100		23.06
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	100	0	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0	0		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0	0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0	0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0	0		31.05
32.00	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	100	100	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	100		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0	0	0		59.01
60.00	LABORATORY	0	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.03	23.04	23.05	23.06		
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0	0		75.01
75.02	ORTHOTICS LAB	0	0	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
90.01	CLINIC CSC	0	0	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0		90.02
90.03	CLINIC WAISMAN	0	0	0	0		90.03
90.04	CLINIC WEST	0	0	0	0		90.04
90.05	CLINIC EAST	0	0	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0		90.06
91.00	EMERGENCY	0	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
112.00	POST TRANSPLANT	0	0	0	0		112.00
112.01	PRE TRANSPLANT	0	0	0	0		112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0	0		112.02
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	100		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	RESEARCH	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	OTHER AUXILIARY SERVICES	0	0	0	0		194.01
194.02	CLINICAL RESEARCH CENTER	0	0	0	0		194.02
194.03	FAMILY MEDICINE	0	0	0	0		194.03
194.04	COMMUNICATION AIDS	0	0	0	0		194.04
194.05	INVESTIGATIONAL PHARMACY	0	0	0	0		194.05
194.06	RONALD MCDONALD CARE MOBILE	0	0	0	0		194.06
194.07	PUBLIC AFFAIRS	0	0	0	0		194.07
194.08	RETAIL PHARMACIES	0	0	0	0		194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	203,710	673,599	534,724	72,817		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,037.100000	6,735.990000	5,347.240000	728.170000		203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.03	23.04	23.05	23.06		
204.00	Cost to be allocated (per Wkst. B, Part II)	8,075	54,546	17,033	1,718		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	80.750000	545.460000	170.330000	17.180000		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-2 | Date/Time Prepared: 1/17/2012 5:36 pm

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	ADJUST FOR NON-CAP	1	90.00	-8,486,953	5.00
6.00	ADJUST FOR NON-CAP	1	90.01	4,455,933	6.00
7.00	ADJUST FOR NON-CAP	1	90.02	974,097	7.00
8.00	ADJUST FOR NON-CAP	1	90.03	66,051	8.00
9.00	ADJUST FOR NON-CAP	1	90.04	1,715,760	9.00
10.00	ADJUST FOR NON-CAP	1	90.05	914,050	10.00
11.00	ADJUST FOR NON-CAP	1	90.06	361,063	11.00
12.00	ADJUST FOR CAP	2	90.00	-396,395	12.00
13.00	ADJUST FOR CAP	2	90.01	224,892	13.00
14.00	ADJUST FOR CAP	2	90.02	52,976	14.00
15.00	ADJUST FOR CAP	2	90.03	1,325	15.00
16.00	ADJUST FOR CAP	2	90.04	61,340	16.00
17.00	ADJUST FOR CAP	2	90.05	36,865	17.00
18.00	ADJUST FOR CAP	2	90.06	18,996	18.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	124,719,607		124,719,607	0	124,719,607	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	19,890,284		19,890,284	0	19,890,284	31.01
31.02	CARDIOTHORACIC SURGERY ICU	12,222,785		12,222,785	0	12,222,785	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	4,667,151		4,667,151	0	4,667,151	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	11,476,537		11,476,537	0	11,476,537	31.04
31.05	NEURO INTENSIVE CARE UNIT	10,887,769		10,887,769	0	10,887,769	31.05
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	4,978,444		4,978,444	0	4,978,444	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,061,676		5,061,676	0	5,061,676	40.00
41.00	SUBPROVIDER - IRF	6,257,126		6,257,126	0	6,257,126	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	108,559,468		108,559,468	0	108,559,468	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	11,908,811		11,908,811	0	11,908,811	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,549,741		39,549,741	0	39,549,741	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,491,444		11,491,444	0	11,491,444	55.00
56.00	RADIOISOTOPE	4,545,673		4,545,673	0	4,545,673	56.00
57.00	CT SCAN	7,980,541		7,980,541	0	7,980,541	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,036,344		10,036,344	0	10,036,344	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	CARDIAC REHABILITATION	1,609,768		1,609,768	0	1,609,768	59.01
60.00	LABORATORY	55,896,391		55,896,391	0	55,896,391	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	19,061,875	0	19,061,875	0	19,061,875	65.00
65.01	NEUROPSYCH TESTING	561,952	0	561,952	0	561,952	65.01
66.00	PHYSICAL THERAPY	28,640,339	0	28,640,339	0	28,640,339	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	27,515,688		27,515,688	0	27,515,688	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,501,535		2,501,535	0	2,501,535	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,010,517		1,010,517	0	1,010,517	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,126,483		25,126,483	0	25,126,483	72.00
73.00	DRUGS CHARGED TO PATIENTS	145,944,515		145,944,515	0	145,944,515	73.00
74.00	RENAL DIALYSIS	3,809,195		3,809,195	0	3,809,195	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	757,512		757,512	0	757,512	75.01
75.02	ORTHOTICS LAB	2,301,923		2,301,923	0	2,301,923	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.01	CLINIC CSC	76,128,563		76,128,563	0	76,128,563	90.01
90.02	CLINIC UNIVERSITY STATION	16,779,626		16,779,626	0	16,779,626	90.02
90.03	CLINIC WAISMAN	1,137,782		1,137,782	0	1,137,782	90.03
90.04	CLINIC WEST	29,555,380		29,555,380	0	29,555,380	90.04
90.05	CLINIC EAST	15,745,264		15,745,264	0	15,745,264	90.05
90.06	CLINIC RESEARCH PARK	6,219,603		6,219,603	0	6,219,603	90.06
91.00	EMERGENCY	17,082,626		17,082,626	0	17,082,626	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,950,705		3,950,705		3,950,705	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	4,949,798		4,949,798	0	4,949,798	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	5,302,646		5,302,646		5,302,646	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	13,266,389		13,266,389		13,501,282	105.00
106.00	HEART ACQUISITION	1,988,829		1,988,829		1,988,829	106.00
107.00	LIVER ACQUISITION	4,903,716		4,903,716		4,903,716	107.00
108.00	LUNG ACQUISITION	2,435,170		2,435,170		2,435,170	108.00
109.00	PANCREAS ACQUISITION	2,096,521		2,096,521		2,096,521	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
112.00	POST TRANSPLANT	6,415,499		6,415,499		6,415,499	112.00
112.01	PRE TRANSPLANT	0		0		0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	916,929,211	0	916,929,211	234,893	917,164,104	200.00
201.00	Less Observation Beds	3,950,705		3,950,705		3,950,705	201.00
202.00	Total (see instructions)	912,978,506	0	912,978,506	234,893	913,213,399	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	172,267,896		172,267,896			30.00
31.00	INTENSIVE CARE UNIT	0		0			31.00
31.01	TRAUMA INTENSIVE CARE UNIT	41,925,213		41,925,213			31.01
31.02	CARDIOTHORACIC SURGERY ICU	20,949,269		20,949,269			31.02
31.03	CARDIAC INTENSIVE CARE UNIT	7,951,764		7,951,764			31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	23,525,313		23,525,313			31.04
31.05	NEURO INTENSIVE CARE UNIT	22,674,658		22,674,658			31.05
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	6,460,401		6,460,401			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	7,064,249		7,064,249			40.00
41.00	SUBPROVIDER - IRF	8,548,788		8,548,788			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	240,391,855	79,045,355	319,437,210	0.339846	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	51,004,979	20,990,021	71,995,000	0.165412	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	41,994,261	72,469,844	114,464,105	0.345521	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,185,825	52,665,584	55,851,409	0.205750	0.000000	55.00
56.00	RADIOISOTOPE	1,324,498	11,097,277	12,421,775	0.365944	0.000000	56.00
57.00	CT SCAN	35,329,823	70,429,336	105,759,159	0.075460	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	16,028,321	76,233,832	92,262,153	0.108781	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	CARDIAC REHABILITATION	338,075	1,518,548	1,856,623	0.867041	0.000000	59.01
60.00	LABORATORY	104,258,939	110,899,186	215,158,125	0.259792	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	27,144,687	9,322,300	36,466,987	0.522716	0.000000	65.00
65.01	NEUROPSYCH TESTING	65,311	1,401,975	1,467,286	0.382987	0.000000	65.01
66.00	PHYSICAL THERAPY	26,131,556	31,395,260	57,526,816	0.497861	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	48,817,206	57,134,720	105,951,926	0.259700	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,908,202	5,125,452	8,033,654	0.311382	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,605,030	145,756	1,750,786	0.577179	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	32,931,227	6,468,176	39,399,403	0.637738	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	125,332,276	185,094,535	310,426,811	0.470141	0.000000	73.00
74.00	RENAL DIALYSIS	4,836,755	776,664	5,613,419	0.678587	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	PULMONARY FUNCTION TESTING	330,038	2,312,581	2,642,619	0.286652	0.000000	75.01
75.02	ORTHOTICS LAB	802,785	2,139,899	2,942,684	0.782253	0.000000	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	CLINIC CSC	7,901,816	89,137,756	97,039,572	0.784510	0.000000	90.01
90.02	CLINIC UNIVERSITY STATION	21,277	15,832,955	15,854,232	1.058369	0.000000	90.02
90.03	CLINIC WAISMAN	421	1,219,545	1,219,966	0.932634	0.000000	90.03
90.04	CLINIC WEST	420,606	25,204,130	25,624,736	1.153393	0.000000	90.04
90.05	CLINIC EAST	8,090	13,335,326	13,343,416	1.180002	0.000000	90.05
90.06	CLINIC RESEARCH PARK	6,457	5,968,207	5,974,664	1.040996	0.000000	90.06
91.00	EMERGENCY	26,778,751	34,682,782	61,461,533	0.277940	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	10,815,572	0.365279	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	11,991,156	11,991,156	0.412787	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
101.00	HOME HEALTH AGENCY	490	3,746,152	3,746,642			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	28,949,514	35,088	28,984,602			105.00
106.00	HEART ACQUISITION	1,811,862	0	1,811,862			106.00
107.00	LIVER ACQUISITION	5,087,983	0	5,087,983			107.00
108.00	LUNG ACQUISITION	3,890,149	0	3,890,149			108.00
109.00	PANCREAS ACQUISITION	2,439,965	0	2,439,965			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	POST TRANSPLANT	0	0	0			112.00
112.01	PRE TRANSPLANT	0	0	0			112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	1,153,446,581	1,008,634,970	2,162,081,551			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,153,446,581	1,008,634,970	2,162,081,551			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	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
31.01	TRAUMA INTENSIVE CARE UNIT			31.01
31.02	CARDIOTHORACIC SURGERY ICU			31.02
31.03	CARDIAC INTENSIVE CARE UNIT			31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	NEURO INTENSIVE CARE UNIT			31.05
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.339846		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.165412		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750		55.00
56.00	RADIOISOTOPE	0.365944		56.00
57.00	CT SCAN	0.075460		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	CARDIAC REHABILITATION	0.867041		59.01
60.00	LABORATORY	0.259792		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.522716		65.00
65.01	NEUROPSYCH TESTING	0.382987		65.01
66.00	PHYSICAL THERAPY	0.497861		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.259700		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141		73.00
74.00	RENAL DIALYSIS	0.678587		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	PULMONARY FUNCTION TESTING	0.286652		75.01
75.02	ORTHOTICS LAB	0.782253		75.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	CLINIC CSC	0.784510		90.01
90.02	CLINIC UNIVERSITY STATION	1.058369		90.02
90.03	CLINIC WAISMAN	0.932634		90.03
90.04	CLINIC WEST	1.153393		90.04
90.05	CLINIC EAST	1.180002		90.05
90.06	CLINIC RESEARCH PARK	1.040996		90.06
91.00	EMERGENCY	0.277940		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.412787		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	POST TRANSPLANT			112.00
112.01	PRE TRANSPLANT			112.01
112.02	OPO ADMINISTRATIVE COSTS			112.02
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	124,719,607		124,719,607	0	0	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	19,890,284		19,890,284	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	12,222,785		12,222,785	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	4,667,151		4,667,151	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	11,476,537		11,476,537	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	10,887,769		10,887,769	0	0	31.05
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	4,978,444		4,978,444	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,061,676		5,061,676	0	0	40.00
41.00	SUBPROVIDER - IRF	6,257,126		6,257,126	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	108,559,468		108,559,468	0	0	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	11,908,811		11,908,811	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	39,549,741		39,549,741	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	11,491,444		11,491,444	0	0	55.00
56.00	RADIOISOTOPE	4,545,673		4,545,673	0	0	56.00
57.00	CT SCAN	7,980,541		7,980,541	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,036,344		10,036,344	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
59.01	CARDIAC REHABILITATION	1,609,768		1,609,768	0	0	59.01
60.00	LABORATORY	55,896,391		55,896,391	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	19,061,875	0	19,061,875	0	0	65.00
65.01	NEUROPSYCH TESTING	561,952	0	561,952	0	0	65.01
66.00	PHYSICAL THERAPY	28,640,339	0	28,640,339	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	27,515,688		27,515,688	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,501,535		2,501,535	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,010,517		1,010,517	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	25,126,483		25,126,483	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	145,944,515		145,944,515	0	0	73.00
74.00	RENAL DIALYSIS	3,809,195		3,809,195	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	757,512		757,512	0	0	75.01
75.02	ORTHOTICS LAB	2,301,923		2,301,923	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
90.01	CLINIC CSC	76,128,563		76,128,563	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	16,779,626		16,779,626	0	0	90.02
90.03	CLINIC WAISMAN	1,137,782		1,137,782	0	0	90.03
90.04	CLINIC WEST	29,555,380		29,555,380	0	0	90.04
90.05	CLINIC EAST	15,745,264		15,745,264	0	0	90.05
90.06	CLINIC RESEARCH PARK	6,219,603		6,219,603	0	0	90.06
91.00	EMERGENCY	17,082,626		17,082,626	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,950,705		3,950,705		0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	4,949,798		4,949,798	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	5,302,646		5,302,646		0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	13,266,389		13,266,389		0	105.00
106.00	HEART ACQUISITION	1,988,829		1,988,829		0	106.00
107.00	LIVER ACQUISITION	4,903,716		4,903,716		0	107.00
108.00	LUNG ACQUISITION	2,435,170		2,435,170		0	108.00
109.00	PANCREAS ACQUISITION	2,096,521		2,096,521		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
112.00	POST TRANSPLANT	6,415,499		6,415,499		0	112.00
112.01	PRE TRANSPLANT	0		0		0	112.01
112.02	OPO ADMINISTRATIVE COSTS	0		0		0	112.02
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	916,929,211	0	916,929,211	0	0	200.00
201.00	Less Observation Beds	3,950,705		3,950,705		0	201.00
202.00	Total (see instructions)	912,978,506	0	912,978,506	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	172,267,896		172,267,896			30.00
31.00	INTENSIVE CARE UNIT	0		0			31.00
31.01	TRAUMA INTENSIVE CARE UNIT	41,925,213		41,925,213			31.01
31.02	CARDIOTHORACIC SURGERY ICU	20,949,269		20,949,269			31.02
31.03	CARDIAC INTENSIVE CARE UNIT	7,951,764		7,951,764			31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	23,525,313		23,525,313			31.04
31.05	NEURO INTENSIVE CARE UNIT	22,674,658		22,674,658			31.05
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	6,460,401		6,460,401			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	7,064,249		7,064,249			40.00
41.00	SUBPROVIDER - IRF	8,548,788		8,548,788			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	240,391,855	79,045,355	319,437,210	0.339846	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	51,004,979	20,990,021	71,995,000	0.165412	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	41,994,261	72,469,844	114,464,105	0.345521	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,185,825	52,665,584	55,851,409	0.205750	0.000000	55.00
56.00	RADIOISOTOPE	1,324,498	11,097,277	12,421,775	0.365944	0.000000	56.00
57.00	CT SCAN	35,329,823	70,429,336	105,759,159	0.075460	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	16,028,321	76,233,832	92,262,153	0.108781	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	CARDIAC REHABILITATION	338,075	1,518,548	1,856,623	0.867041	0.000000	59.01
60.00	LABORATORY	104,258,939	110,899,186	215,158,125	0.259792	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	27,144,687	9,322,300	36,466,987	0.522716	0.000000	65.00
65.01	NEUROPSYCH TESTING	65,311	1,401,975	1,467,286	0.382987	0.000000	65.01
66.00	PHYSICAL THERAPY	26,131,556	31,395,260	57,526,816	0.497861	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	48,817,206	57,134,720	105,951,926	0.259700	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,908,202	5,125,452	8,033,654	0.311382	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,605,030	145,756	1,750,786	0.577179	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	32,931,227	6,468,176	39,399,403	0.637738	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	125,332,276	185,094,535	310,426,811	0.470141	0.000000	73.00
74.00	RENAL DIALYSIS	4,836,755	776,664	5,613,419	0.678587	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	PULMONARY FUNCTION TESTING	330,038	2,312,581	2,642,619	0.286652	0.000000	75.01
75.02	ORTHOTICS LAB	802,785	2,139,899	2,942,684	0.782253	0.000000	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	CLINIC CSC	7,901,816	89,137,756	97,039,572	0.784510	0.000000	90.01
90.02	CLINIC UNIVERSITY STATION	21,277	15,832,955	15,854,232	1.058369	0.000000	90.02
90.03	CLINIC WAISMAN	421	1,219,545	1,219,966	0.932634	0.000000	90.03
90.04	CLINIC WEST	420,606	25,204,130	25,624,736	1.153393	0.000000	90.04
90.05	CLINIC EAST	8,090	13,335,326	13,343,416	1.180002	0.000000	90.05
90.06	CLINIC RESEARCH PARK	6,457	5,968,207	5,974,664	1.040996	0.000000	90.06
91.00	EMERGENCY	26,778,751	34,682,782	61,461,533	0.277940	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	10,815,572	0.365279	0.000000	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	11,991,156	11,991,156	0.412787	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
101.00	HOME HEALTH AGENCY	490	3,746,152	3,746,642			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	28,949,514	35,088	28,984,602			105.00
106.00	HEART ACQUISITION	1,811,862	0	1,811,862			106.00
107.00	LIVER ACQUISITION	5,087,983	0	5,087,983			107.00
108.00	LUNG ACQUISITION	3,890,149	0	3,890,149			108.00
109.00	PANCREAS ACQUISITION	2,439,965	0	2,439,965			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
112.00	POST TRANSPLANT	0	0	0			112.00
112.01	PRE TRANSPLANT	0	0	0			112.01
112.02	OPO ADMINISTRATIVE COSTS	0	0	0			112.02
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	1,153,446,581	1,008,634,970	2,162,081,551			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,153,446,581	1,008,634,970	2,162,081,551			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	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
31.01	TRAUMA INTENSIVE CARE UNIT			31.01
31.02	CARDIOTHORACIC SURGERY ICU			31.02
31.03	CARDIAC INTENSIVE CARE UNIT			31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT			31.04
31.05	NEURO INTENSIVE CARE UNIT			31.05
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
59.01	CARDIAC REHABILITATION	0.000000		59.01
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
65.01	NEUROPSYCH TESTING	0.000000		65.01
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
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
75.01	PULMONARY FUNCTION TESTING	0.000000		75.01
75.02	ORTHOTICS LAB	0.000000		75.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	CLINIC CSC	0.000000		90.01
90.02	CLINIC UNIVERSITY STATION	0.000000		90.02
90.03	CLINIC WAISMAN	0.000000		90.03
90.04	CLINIC WEST	0.000000		90.04
90.05	CLINIC EAST	0.000000		90.05
90.06	CLINIC RESEARCH PARK	0.000000		90.06
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
112.00	POST TRANSPLANT			112.00
112.01	PRE TRANSPLANT			112.01
112.02	OPO ADMINISTRATIVE COSTS			112.02
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	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	7,049,475	0	7,049,475	108,944	64.71	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	1,068,675		1,068,675	7,578	141.02	31.01
31.02	CARDIOTHORACIC SURGERY ICU	827,433		827,433	1,777	465.63	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	194,481		194,481	1,608	120.95	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	678,073		678,073	4,349	155.91	31.04
31.05	NEURO INTENSIVE CARE UNIT	631,326		631,326	4,558	138.51	31.05
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	276,519		276,519	1,957	141.30	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	312,905	0	312,905	5,537	56.51	40.00
41.00	SUBPROVIDER - IRF	431,324	0	431,324	5,860	73.60	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	11,470,211		11,470,211	142,168		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	37,746	2,442,544		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	18	2,538		31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,461	680,285		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	50	6,048		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	9	1,403		31.04
31.05	NEURO INTENSIVE CARE UNIT	3,757	520,382		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	135	19,076		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	1,714	96,858		40.00
41.00	SUBPROVIDER - IRF	1,827	134,467		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	46,717	3,903,601		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,437,802	319,437,210	0.029545	69,362,585	2,049,318	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	14,529,887	235,035	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	13,258,662	371,044	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	1,031,721	34,815	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	549,643	8,249	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	11,114,304	90,637	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	4,440,647	88,866	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	123,430	7,488	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	36,640,860	551,005	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	8,248,260	267,318	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	22,062	553	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	6,506,053	208,558	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	19,639,695	489,578	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	553,837	18,060	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	522,418	6,167	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	10,207,890	133,131	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	40,240,285	383,611	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	2,361,365	97,864	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	88,965	2,617	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	199,665	10,985	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	3,149,920	195,994	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	10,394	934	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	141,156	9,091	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	4,995	371	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	4,483	384	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	7,926,759	140,803	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	223,306	10,815,572	0.020647	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,625,994	1,792,761,641		250,879,941	5,402,476	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part III Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII Hospital PPS

	Cost Center Description	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	203,710	0	0	203,710	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0		0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0		0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0		0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0		0	31.05
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	203,710	0		203,710	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	108,944	1.87	37,746	70,585	0	30.00
31.00	INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	7,578	0.00	18	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,777	0.00	1,461	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	1,608	0.00	50	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	4,349	0.00	9	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	4,558	0.00	3,757	0	0	31.05
32.00	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	1,957	0.00	135	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,537	0.00	1,714	0	0	40.00
41.00	SUBPROVIDER - IRF	5,860	0.00	1,827	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	0	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	142,168		46,717	70,585	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	6,452	0	6,452	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,926,087	0	3,926,087	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	319,437,210	0.000000	0.000000	69,362,585	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	14,529,887	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	13,258,662	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	1,031,721	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	549,643	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	11,114,304	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	4,440,647	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	123,430	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	36,640,860	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	8,248,260	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	22,062	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	6,506,053	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	19,639,695	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	553,837	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	522,418	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	10,207,890	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	40,240,285	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	2,361,365	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	88,965	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	199,665	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	3,149,920	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	10,394	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	141,156	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	4,995	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	4,483	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	7,926,759	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,452	10,815,572	0.000597	0.000597	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,926,087	1,792,761,641			250,879,941	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	12,643,765	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	3,195,531	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	139,958	15,032,455	158,683	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,345	15,414,935	20,101	0	0	55.00
56.00	RADIOISOTOPE	0	2,700,127	0	0	0	56.00
57.00	CT SCAN	0	22,089,761	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	12,742,754	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	536,661	0	0	0	59.01
60.00	LABORATORY	0	2,885,362	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	339,039	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	296,773	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	263,402	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	19,689,901	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	778,953	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	158,305	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	8,854	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	574,054	0	0	0	75.01
75.02	ORTHOTICS LAB	0	129,125	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	22,668,104	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	4,675,305	0	0	0	90.02
90.03	CLINIC WAISMAN	0	12,272	0	0	0	90.03
90.04	CLINIC WEST	0	6,005,289	0	0	0	90.04
90.05	CLINIC EAST	0	3,100,784	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	744,991	0	0	0	90.06
91.00	EMERGENCY	182,791	6,587,990	151,919	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,177,610	1,897	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	482,399	156,293,797	332,600	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0		59.01
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	ORTHOTICS LAB	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	CLINIC CSC	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	CLINIC WAISMAN	0	0		90.03
90.04	CLINIC WEST	0	0		90.04
90.05	CLINIC EAST	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0		90.06
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.339846	12,643,765	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.165412	3,195,531	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	15,032,455	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	15,414,935	0	0		55.00
56.00	RADIOISOTOPE	0.365944	2,700,127	0	0		56.00
57.00	CT SCAN	0.075460	22,089,761	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	12,742,754	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0.867041	536,661	0	0		59.01
60.00	LABORATORY	0.259792	2,885,362	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.522716	339,039	0	0		65.00
65.01	NEUROPSYCH TESTING	0.382987	296,773	0	0		65.01
66.00	PHYSICAL THERAPY	0.497861	263,402	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.259700	19,689,901	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	778,953	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	98,959	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	0	0	151,673		73.00
74.00	RENAL DIALYSIS	0.678587	8,854	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	574,054	0	0		75.01
75.02	ORTHOTICS LAB	0.782253	129,125	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
90.01	CLINIC CSC	0.784510	22,668,104	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	4,675,305	0	0		90.02
90.03	CLINIC WAISMAN	0.932634	12,272	0	0		90.03
90.04	CLINIC WEST	1.153393	6,005,289	0	0		90.04
90.05	CLINIC EAST	1.180002	3,100,784	0	0		90.05
90.06	CLINIC RESEARCH PARK	1.040996	744,991	0	0		90.06
91.00	EMERGENCY	0.277940	6,587,990	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	3,177,610	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.412787		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		156,293,797	98,959	151,673		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		156,293,797	98,959	151,673		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	4,296,933	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	528,579	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,194,029	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	3,171,623	0	0		55.00
56.00	RADIOISOTOPE	988,095	0	0		56.00
57.00	CT SCAN	1,666,893	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,386,170	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	CARDIAC REHABILITATION	465,307	0	0		59.01
60.00	LABORATORY	749,594	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	177,221	0	0		65.00
65.01	NEUROPSYCH TESTING	113,660	0	0		65.01
66.00	PHYSICAL THERAPY	131,138	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	5,113,467	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	242,552	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	63,110	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	71,308		73.00
74.00	RENAL DIALYSIS	6,008	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	164,554	0	0		75.01
75.02	ORTHOTICS LAB	101,008	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	CLINIC CSC	17,783,354	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	4,948,198	0	0		90.02
90.03	CLINIC WAISMAN	11,445	0	0		90.03
90.04	CLINIC WEST	6,926,458	0	0		90.04
90.05	CLINIC EAST	3,658,931	0	0		90.05
90.06	CLINIC RESEARCH PARK	775,533	0	0		90.06
91.00	EMERGENCY	1,831,066	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,160,714	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	61,592,530	63,110	71,308		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	61,592,530	63,110	71,308		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52S098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part II
Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,437,802	319,437,210	0.029545	11,811	349	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	11,805	191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	10,761	301	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	0	0	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	0	0	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	33,832	276	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	81,368	1,628	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	0	0	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	245,306	3,689	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	36,303	1,177	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	8,255	207	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	254,447	8,157	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	15,718	392	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	6,030	197	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	746	9	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	346,906	3,307	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	0	0	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	2,814	175	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	249	22	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	1,725	111	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	94	7	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	0	0	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	154,184	2,739	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	223,306	10,815,572	0.020647	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,625,994	1,792,761,641		1,222,354	22,934	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	6,452	0	6,452	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,926,087	0	3,926,087	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	319,437,210	0.000000	0.000000	11,811	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	11,805	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	10,761	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	0	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	33,832	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	81,368	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	0	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	245,306	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	36,303	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	8,255	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	254,447	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	15,718	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	6,030	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	746	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	346,906	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	0	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	2,814	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	249	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	1,725	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	94	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	0	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	154,184	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,452	10,815,572	0.000597	0.000597	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,926,087	1,792,761,641			1,222,354	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/17/2012 5:36 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	14,309	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	24,322	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	114	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	97	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	23,409	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,365	582	2	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	3,555	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	5,034	62,719	2	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
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	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	59.01
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0	75.01
75.02	ORTHOTICS LAB	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	CLINIC CSC	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	90.02
90.03	CLINIC WAISMAN	0	0	90.03
90.04	CLINIC WEST	0	0	90.04
90.05	CLINIC EAST	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	90.06
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.339846	14,309	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.165412	24,322	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	0	0	0		55.00
56.00	RADIOISOTOPE	0.365944	0	0	0		56.00
57.00	CT SCAN	0.075460	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0.867041	0	0	0		59.01
60.00	LABORATORY	0.259792	0	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.522716	97	0	0		65.00
65.01	NEUROPSYCH TESTING	0.382987	23,409	0	0		65.01
66.00	PHYSICAL THERAPY	0.497861	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.259700	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	582	0	84		73.00
74.00	RENAL DIALYSIS	0.678587	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	0	0	0		75.01
75.02	ORTHOTICS LAB	0.782253	0	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
90.01	CLINIC CSC	0.784510	0	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	0	0	0		90.02
90.03	CLINIC WAISMAN	0.932634	0	0	0		90.03
90.04	CLINIC WEST	1.153393	0	0	0		90.04
90.05	CLINIC EAST	1.180002	0	0	0		90.05
90.06	CLINIC RESEARCH PARK	1.040996	0	0	0		90.06
91.00	EMERGENCY	0.277940	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.412787		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		62,719	0	84		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		62,719	0	84		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Costs				
		PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	4,863	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	4,023	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0	0		59.01
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	51	0	0		65.00
65.01	NEUROPSYCH TESTING	8,965	0	0		65.01
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	274	0	39		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0	0	0		75.01
75.02	ORTHOTICS LAB	0	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	CLINIC CSC	0	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0		90.02
90.03	CLINIC WAISMAN	0	0	0		90.03
90.04	CLINIC WEST	0	0	0		90.04
90.05	CLINIC EAST	0	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0	0		90.06
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	18,176	0	39		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	18,176	0	39		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52T098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part II
Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	9,437,802	319,437,210	0.029545	0	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	50,859	1,423	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	53,594	1,809	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	2,867	43	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	47,336	386	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	43,374	868	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	0	0	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	232,099	3,490	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	21,118	684	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	1,612	40	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	2,158,667	69,198	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	46,514	1,160	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	3,743	122	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	13,566	160	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	668,376	6,372	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	35,813	1,484	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	338	10	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	16,621	914	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	3,809	237	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	0	0	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	5,041	325	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	0	0	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	143	12	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	223,306	10,815,572	0.020647	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,625,994	1,792,761,641		3,405,490	88,737	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part IV
Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	6,452	0	6,452	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,926,087	0	3,926,087	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	319,437,210	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	50,859	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	53,594	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	2,867	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	47,336	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	43,374	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	0	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	232,099	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	21,118	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	1,612	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	2,158,667	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	46,514	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	3,743	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	13,566	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	668,376	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	35,813	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	338	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	16,621	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	3,809	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	0	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	5,041	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	0	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	143	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,452	10,815,572	0.000597	0.000597	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,926,087	1,792,761,641			3,405,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	537	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	70	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	2,629	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	3,236	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0		59.01
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	ORTHOTICS LAB	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	CLINIC CSC	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	CLINIC WAISMAN	0	0		90.03
90.04	CLINIC WEST	0	0		90.04
90.05	CLINIC EAST	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0		90.06
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	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	7,049,475	0	7,049,475	108,944	64.71	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	1,068,675		1,068,675	7,578	141.02	31.01
31.02	CARDIOTHORACIC SURGERY ICU	827,433		827,433	1,777	465.63	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	194,481		194,481	1,608	120.95	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	678,073		678,073	4,349	155.91	31.04
31.05	NEURO INTENSIVE CARE UNIT	631,326		631,326	4,558	138.51	31.05
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	276,519		276,519	1,957	141.30	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	312,905	0	312,905	5,537	56.51	40.00
41.00	SUBPROVIDER - IRF	431,324	0	431,324	5,860	73.60	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	11,470,211		11,470,211	142,168		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	9,099	588,796		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	435	32,016		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	9,534	620,812		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	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	9,437,802	319,437,210	0.029545	12,675,229	374,490	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	2,807,948	45,421	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	3,272,221	91,573	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	267,398	9,023	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	57,882	869	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	2,261,014	18,439	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	1,238,399	24,783	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	11,617	705	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	9,376,278	141,000	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	3,570,474	115,715	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	2,687	67	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	2,169,313	69,539	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	2,260,962	56,361	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	384,410	12,535	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	854,226	10,083	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	1,702,798	22,208	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	11,303,617	107,757	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	470,624	19,505	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	40,549	1,193	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	60,877	3,349	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	512,132	31,866	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	902	81	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	28,306	1,823	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	541	40	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	89	8	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	2,063,044	36,646	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,402,688	1,792,761,641		57,393,537	1,195,079	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part III
Date/Time Prepared:
1/17/2012 5:36 pm

Title XIX Hospital Cost

	Cost Center Description	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	203,710	0	0	203,710	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0	0		0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0	0		0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0	0		0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0		0	31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0	0		0	31.05
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	203,710	0		203,710	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part III Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	108,944	1.87	9,099	17,015	0	30.00
31.00	INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
31.01	TRAUMA INTENSIVE CARE UNIT	7,578	0.00	0	0	0	31.01
31.02	CARDIOTHORACIC SURGERY ICU	1,777	0.00	0	0	0	31.02
31.03	CARDIAC INTENSIVE CARE UNIT	1,608	0.00	0	0	0	31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	4,349	0.00	0	0	0	31.04
31.05	NEURO INTENSIVE CARE UNIT	4,558	0.00	0	0	0	31.05
32.00	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	1,957	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	5,537	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	5,860	0.00	435	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	0	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	142,168		9,534	17,015	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT	0	0		31.01
31.02	CARDIOTHORACIC SURGERY ICU	0	0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT	0	0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT	0	0		31.04
31.05	NEURO INTENSIVE CARE UNIT	0	0		31.05
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,919,635	0	3,919,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	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	319,437,210	0.000000	0.000000	12,675,229	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	2,807,948	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	3,272,221	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	267,398	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	57,882	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	2,261,014	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	1,238,399	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	11,617	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	9,376,278	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	3,570,474	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	2,687	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	2,169,313	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	2,260,962	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	384,410	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	854,226	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	1,702,798	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	11,303,617	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	470,624	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	40,549	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	60,877	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	512,132	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	902	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	28,306	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	541	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	89	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	2,063,044	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,919,635	1,792,761,641			57,393,537	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	3,795,433	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,027,412	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,542	2,992,724	31,591	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	349	1,622,235	2,115	0	0	55.00
56.00	RADIOISOTOPE	0	286,997	0	0	0	56.00
57.00	CT SCAN	0	2,754,371	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,217,011	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	37,638	0	0	0	59.01
60.00	LABORATORY	0	5,079,700	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	722,805	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	131,294	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	1,215,632	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	2,330,189	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	259,782	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,735	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	245,736	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	44,468	5,127,251	20,171	0	0	73.00
74.00	RENAL DIALYSIS	0	1,416	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	125,038	0	0	0	75.01
75.02	ORTHOTICS LAB	0	291,635	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	3,890,787	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	581,365	0	0	0	90.02
90.03	CLINIC WAISMAN	0	269,630	0	0	0	90.03
90.04	CLINIC WEST	0	537,697	0	0	0	90.04
90.05	CLINIC EAST	0	397,142	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	124,190	0	0	0	90.06
91.00	EMERGENCY	47,574	2,752,277	63,468	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,096,009	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	126,933	40,983,131	117,345	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0		59.01
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	ORTHOTICS LAB	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	CLINIC CSC	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	CLINIC WAISMAN	0	0		90.03
90.04	CLINIC WEST	0	0		90.04
90.05	CLINIC EAST	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0		90.06
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.339846	3,795,433	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.165412	1,027,412	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	2,992,724	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	1,622,235	0	0		55.00
56.00	RADIOISOTOPE	0.365944	286,997	0	0		56.00
57.00	CT SCAN	0.075460	2,754,371	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	3,217,011	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
59.01	CARDIAC REHABILITATION	0.867041	37,638	0	0		59.01
60.00	LABORATORY	0.259792	5,079,700	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.522716	722,805	0	0		65.00
65.01	NEUROPSYCH TESTING	0.382987	131,294	0	0		65.01
66.00	PHYSICAL THERAPY	0.497861	1,215,632	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.259700	2,330,189	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	259,782	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	69,735	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	245,736	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	5,127,251	0	0		73.00
74.00	RENAL DIALYSIS	0.678587	1,416	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	125,038	0	0		75.01
75.02	ORTHOTICS LAB	0.782253	291,635	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
90.01	CLINIC CSC	0.784510	3,890,787	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	581,365	0	0		90.02
90.03	CLINIC WAISMAN	0.932634	269,630	0	0		90.03
90.04	CLINIC WEST	1.153393	537,697	0	0		90.04
90.05	CLINIC EAST	1.180002	397,142	0	0		90.05
90.06	CLINIC RESEARCH PARK	1.040996	124,190	0	0		90.06
91.00	EMERGENCY	0.277940	2,752,277	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	1,096,009	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.412787	59,320	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		40,983,131	0	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)		40,983,131	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/17/2012 5:36 pm

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	1,289,863	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	169,946	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,034,049	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	333,775	0	0		55.00
56.00	RADIOISOTOPE	105,025	0	0		56.00
57.00	CT SCAN	207,845	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	349,950	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
59.01	CARDIAC REHABILITATION	32,634	0	0		59.01
60.00	LABORATORY	1,319,665	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	377,822	0	0		65.00
65.01	NEUROPSYCH TESTING	50,284	0	0		65.01
66.00	PHYSICAL THERAPY	605,216	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	605,150	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	80,891	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,250	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	156,715	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,410,531	0	0		73.00
74.00	RENAL DIALYSIS	961	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	PULMONARY FUNCTION TESTING	35,842	0	0		75.01
75.02	ORTHOTICS LAB	228,132	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	CLINIC CSC	3,052,361	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	615,299	0	0		90.02
90.03	CLINIC WAISMAN	251,466	0	0		90.03
90.04	CLINIC WEST	620,176	0	0		90.04
90.05	CLINIC EAST	468,628	0	0		90.05
90.06	CLINIC RESEARCH PARK	129,281	0	0		90.06
91.00	EMERGENCY	764,968	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	400,349	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	15,761,561	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	15,761,561	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52S098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part II
Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Subprovider - IPF | Cost

	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	9,437,802	319,437,210	0.029545	0	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	0	0	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	0	0	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	0	0	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	0	0	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	0	0	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	0	0	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	0	0	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	0	0	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	0	0	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	0	0	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	0	0	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,402,688	1,792,761,641		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52S098

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/17/2012 5:36 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,919,635	0	3,919,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	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	319,437,210	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	0	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	0	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	0	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	0	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	0	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	0	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	0	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	0	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	0	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,919,635	1,792,761,641			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
59.01	CARDIAC REHABILITATION	0	0		59.01
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
65.01	NEUROPSYCH TESTING	0	0		65.01
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0		75.01
75.02	ORTHOTICS LAB	0	0		75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	CLINIC CSC	0	0		90.01
90.02	CLINIC UNIVERSITY STATION	0	0		90.02
90.03	CLINIC WAISMAN	0	0		90.03
90.04	CLINIC WEST	0	0		90.04
90.05	CLINIC EAST	0	0		90.05
90.06	CLINIC RESEARCH PARK	0	0		90.06
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 520098
Component CCN: 52T098

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part II
Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Subprovider - IRF | Cost

	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	9,437,802	319,437,210	0.029545	0	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	1,164,605	71,995,000	0.016176	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,203,232	114,464,105	0.027985	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,884,702	55,851,409	0.033745	0	0	55.00
56.00	RADIOISOTOPE	186,428	12,421,775	0.015008	0	0	56.00
57.00	CT SCAN	862,460	105,759,159	0.008155	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,846,377	92,262,153	0.020012	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	112,635	1,856,623	0.060667	0	0	59.01
60.00	LABORATORY	3,235,513	215,158,125	0.015038	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	1,181,873	36,466,987	0.032409	0	0	65.00
65.01	NEUROPSYCH TESTING	36,783	1,467,286	0.025069	0	0	65.01
66.00	PHYSICAL THERAPY	1,844,064	57,526,816	0.032056	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,641,162	105,951,926	0.024928	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	261,971	8,033,654	0.032609	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,666	1,750,786	0.011804	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	513,855	39,399,403	0.013042	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,959,369	310,426,811	0.009533	0	0	73.00
74.00	RENAL DIALYSIS	232,643	5,613,419	0.041444	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	77,740	2,642,619	0.029418	0	0	75.01
75.02	ORTHOTICS LAB	161,900	2,942,684	0.055018	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	792,790	0	0.000000	0	0	90.00
90.01	CLINIC CSC	6,037,989	97,039,572	0.062222	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	1,425,338	15,854,232	0.089903	0	0	90.02
90.03	CLINIC WAISMAN	35,658	1,219,966	0.029229	0	0	90.03
90.04	CLINIC WEST	1,650,402	25,624,736	0.064407	0	0	90.04
90.05	CLINIC EAST	991,889	13,343,416	0.074335	0	0	90.05
90.06	CLINIC RESEARCH PARK	511,109	5,974,664	0.085546	0	0	90.06
91.00	EMERGENCY	1,091,733	61,461,533	0.017763	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	44,402,688	1,792,761,641		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,208,323	0	1,208,323	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	72,817	0	72,817	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	1,221,187	0	1,221,187	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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	1,417,308	0	1,417,308	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	3,919,635	0	3,919,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/17/2012 5:36 pm

Title XIX | Subprovider - IRF | Cost

	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	319,437,210	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	71,995,000	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,208,323	114,464,105	0.010556	0.010556	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	72,817	55,851,409	0.001304	0.001304	0	55.00
56.00	RADIOISOTOPE	0	12,421,775	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	105,759,159	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	92,262,153	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
59.01	CARDIAC REHABILITATION	0	1,856,623	0.000000	0.000000	0	59.01
60.00	LABORATORY	0	215,158,125	0.000000	0.000000	0	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	36,466,987	0.000000	0.000000	0	65.00
65.01	NEUROPSYCH TESTING	0	1,467,286	0.000000	0.000000	0	65.01
66.00	PHYSICAL THERAPY	0	57,526,816	0.000000	0.000000	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	105,951,926	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	8,033,654	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,750,786	0.000000	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	39,399,403	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,221,187	310,426,811	0.003934	0.003934	0	73.00
74.00	RENAL DIALYSIS	0	5,613,419	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	PULMONARY FUNCTION TESTING	0	2,642,619	0.000000	0.000000	0	75.01
75.02	ORTHOTICS LAB	0	2,942,684	0.000000	0.000000	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	CLINIC CSC	0	97,039,572	0.000000	0.000000	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	15,854,232	0.000000	0.000000	0	90.02
90.03	CLINIC WAISMAN	0	1,219,966	0.000000	0.000000	0	90.03
90.04	CLINIC WEST	0	25,624,736	0.000000	0.000000	0	90.04
90.05	CLINIC EAST	0	13,343,416	0.000000	0.000000	0	90.05
90.06	CLINIC RESEARCH PARK	0	5,974,664	0.000000	0.000000	0	90.06
91.00	EMERGENCY	1,417,308	61,461,533	0.023060	0.023060	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,815,572	0.000000	0.000000	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,919,635	1,792,761,641			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520098
Component CCN: 52T098

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part IV
Date/Time Prepared:
1/17/2012 5:36 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	0	0	0	59.01
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	0	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0	0	0	0	75.01
75.02	ORTHOTICS LAB	0	0	0	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	CLINIC CSC	0	0	0	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	0	0	0	90.02
90.03	CLINIC WAISMAN	0	0	0	0	0	90.03
90.04	CLINIC WEST	0	0	0	0	0	90.04
90.05	CLINIC EAST	0	0	0	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	0	0	0	90.06
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
59.01	CARDIAC REHABILITATION	0	0	59.01
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
65.01	NEUROPSYCH TESTING	0	0	65.01
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
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
75.01	PULMONARY FUNCTION TESTING	0	0	75.01
75.02	ORTHOTICS LAB	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	CLINIC CSC	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	0	0	90.02
90.03	CLINIC WAISMAN	0	0	90.03
90.04	CLINIC WEST	0	0	90.04
90.05	CLINIC EAST	0	0	90.05
90.06	CLINIC RESEARCH PARK	0	0	90.06
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	108,944	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	108,944	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)	108,944	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	37,746	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)	124,719,607	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)	124,719,607	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	172,267,896	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.723986	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	124,719,607	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)	1,144.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	43,211,621	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)	43,211,621	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	19,890,284	7,578	2,624.74	18	47,245	43.01
43.02	CARDIOTHORACIC SURGERY ICU	12,222,785	1,777	6,878.33	1,461	10,049,240	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,667,151	1,608	2,902.46	50	145,123	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	11,476,537	4,349	2,638.89	9	23,750	43.04
43.05	NEURO INTENSIVE CARE UNIT	10,887,769	4,558	2,388.72	3,757	8,974,421	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	4,978,444	1,957	2,543.92	135	343,429	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	87,123,137	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	149,917,966	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)	3,742,861	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,884,875	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	9,627,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	140,290,230	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)	3,451	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,144.80	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,950,705	89.00

	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	7,049,475	124,719,607	0.056523	3,950,705	223,306	90.00
91.00	Nursing School cost	0	124,719,607	0.000000	3,950,705	0	91.00
92.00	Allied health cost	203,710	124,719,607	0.001633	3,950,705	6,452	92.00
93.00	All other Medical Education	0	124,719,607	0.000000	3,950,705	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,537	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,537	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)	5,537	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,714	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)	5,061,676	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)	5,061,676	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,061,676	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)	914.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,566,853	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,566,853	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	450,548	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,017,401	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)	96,858	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	27,968	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	124,826	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,892,575	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	312,905	5,061,676	0.061818	0	0	90.00
91.00	Nursing School cost	0	5,061,676	0.000000	0	0	91.00
92.00	Allied health cost	0	5,061,676	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,061,676	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,860	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)	5,860	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,827	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)	6,257,126	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)	6,257,126	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,257,126	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)	1,067.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,950,816	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,950,816	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,566,267	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,517,083	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)	134,467	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	91,973	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	226,440	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,290,643	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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	431,324	6,257,126	0.068933	0	0	90.00
91.00	Nursing School cost	0	6,257,126	0.000000	0	0	91.00
92.00	Allied health cost	0	6,257,126	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,257,126	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	108,944	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	108,944	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)	108,944	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	9,099	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)	124,719,607	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)	124,719,607	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	124,719,607	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)	1,144.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	10,416,535	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)	10,416,535	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Title XIX Total Inpatient Cost	Title XIX Total Inpatient Days	Title XIX Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Cost Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	19,890,284	7,578	2,624.74	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	12,222,785	1,777	6,878.33	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	4,667,151	1,608	2,902.46	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	11,476,537	4,349	2,638.89	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	10,887,769	4,558	2,388.72	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	4,978,444	1,957	2,543.92	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	20,665,843	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	31,082,378	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)	3,451	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,144.80	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Hospital	Cost

	Cost Center Description	1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,950,705	89.00

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,537	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,537	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)	5,537	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)	0	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)	5,061,676	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)	5,061,676	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,061,676	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)	914.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description		
		1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,860	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,860	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)	5,860	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)	435	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)	6,257,126	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)	6,257,126	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	6,257,126	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)	1,067.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	464,480	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)	464,480	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	0	0	0.00	0	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	0	0	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	464,480	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)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description		
			1.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

	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: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		58,628,854		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		15,622,875		31.01
31.02	CARDIOTHORACIC SURGERY ICU		8,085,511		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		3,835,448		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		80,360		31.04
31.05	NEURO INTENSIVE CARE UNIT		6,386,530		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		1,427,865		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		11,898		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	69,362,585	23,572,597	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	14,529,887	2,403,418	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	13,258,662	4,581,146	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	1,031,721	212,277	55.00
56.00	RADIOISOTOPE	0.365944	549,643	201,139	56.00
57.00	CT SCAN	0.075460	11,114,304	838,685	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	4,440,647	483,058	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	123,430	107,019	59.01
60.00	LABORATORY	0.259792	36,640,860	9,519,002	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	8,248,260	4,311,497	65.00
65.01	NEUROPSYCH TESTING	0.382987	22,062	8,449	65.01
66.00	PHYSICAL THERAPY	0.497861	6,506,053	3,239,110	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	19,639,695	5,100,429	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	553,837	172,455	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	522,418	301,529	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	10,207,890	6,509,959	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	40,240,285	18,918,608	73.00
74.00	RENAL DIALYSIS	0.678587	2,361,365	1,602,392	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	88,965	25,502	75.01
75.02	ORTHOTICS LAB	0.782253	199,665	156,189	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	3,149,920	2,471,144	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	10,394	11,001	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	141,156	162,808	90.04
90.05	CLINIC EAST	1.180002	4,995	5,894	90.05
90.06	CLINIC RESEARCH PARK	1.040996	4,483	4,667	90.06
91.00	EMERGENCY	0.277940	7,926,759	2,203,163	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		250,879,941	87,123,137	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		250,879,941		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 520098
Component CCN: 52S098

Period: From 07/01/2010 To 06/30/2011

Worksheet D-3
Date/Time Prepared: 1/17/2012 5:36 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	NEURO INTENSIVE CARE UNIT		0		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		2,179,859		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	11,811	4,014	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	11,805	1,953	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	10,761	3,718	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	0	0	55.00
56.00	RADIOISOTOPE	0.365944	0	0	56.00
57.00	CT SCAN	0.075460	33,832	2,553	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	81,368	8,851	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	0	0	59.01
60.00	LABORATORY	0.259792	245,306	63,729	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	36,303	18,976	65.00
65.01	NEUROPSYCH TESTING	0.382987	8,255	3,162	65.01
66.00	PHYSICAL THERAPY	0.497861	254,447	126,679	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	15,718	4,082	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	6,030	1,878	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	746	431	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	346,906	163,095	73.00
74.00	RENAL DIALYSIS	0.678587	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	0	0	75.01
75.02	ORTHOTICS LAB	0.782253	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	2,814	2,208	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	249	264	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	1,725	1,990	90.04
90.05	CLINIC EAST	1.180002	94	111	90.05
90.06	CLINIC RESEARCH PARK	1.040996	0	0	90.06
91.00	EMERGENCY	0.277940	154,184	42,854	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,222,354	450,548	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,222,354		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	NEURO INTENSIVE CARE UNIT		0		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,530,285		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	50,859	17,573	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	53,594	11,027	55.00
56.00	RADIOISOTOPE	0.365944	2,867	1,049	56.00
57.00	CT SCAN	0.075460	47,336	3,572	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	43,374	4,718	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	0	0	59.01
60.00	LABORATORY	0.259792	232,099	60,297	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	21,118	11,039	65.00
65.01	NEUROPSYCH TESTING	0.382987	1,612	617	65.01
66.00	PHYSICAL THERAPY	0.497861	2,158,667	1,074,716	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	46,514	12,080	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	3,743	1,166	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	13,566	7,830	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	668,376	314,231	73.00
74.00	RENAL DIALYSIS	0.678587	35,813	24,302	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	338	97	75.01
75.02	ORTHOTICS LAB	0.782253	16,621	13,002	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	3,809	2,988	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	0	0	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	5,041	5,814	90.04
90.05	CLINIC EAST	1.180002	0	0	90.05
90.06	CLINIC RESEARCH PARK	1.040996	143	149	90.06
91.00	EMERGENCY	0.277940	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,405,490	1,566,267	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		3,405,490		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Hospital | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		15,398,027		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		4,737,411		31.01
31.02	CARDIOTHORACIC SURGERY ICU		865,132		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		284,752		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		6,200,966		31.04
31.05	NEURO INTENSIVE CARE UNIT		1,744,124		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		731,522		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	12,675,229	4,307,626	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	2,807,948	464,468	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	3,272,221	1,130,621	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	267,398	55,017	55.00
56.00	RADIOISOTOPE	0.365944	57,882	21,182	56.00
57.00	CT SCAN	0.075460	2,261,014	170,616	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	1,238,399	134,714	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	11,617	10,072	59.01
60.00	LABORATORY	0.259792	9,376,278	2,435,882	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	3,570,474	1,866,344	65.00
65.01	NEUROPSYCH TESTING	0.382987	2,687	1,029	65.01
66.00	PHYSICAL THERAPY	0.497861	2,169,313	1,080,016	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	2,260,962	587,172	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	384,410	119,698	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	854,226	493,041	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	1,702,798	1,085,939	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	11,303,617	5,314,294	73.00
74.00	RENAL DIALYSIS	0.678587	470,624	319,359	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	40,549	11,623	75.01
75.02	ORTHOTICS LAB	0.782253	60,877	47,621	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	512,132	401,773	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	902	955	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	28,306	32,648	90.04
90.05	CLINIC EAST	1.180002	541	638	90.05
90.06	CLINIC RESEARCH PARK	1.040996	89	93	90.06
91.00	EMERGENCY	0.277940	2,063,044	573,402	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		57,393,537	20,665,843	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		57,393,537		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 520098
Component CCN: 52S098

Period: From 07/01/2010 To 06/30/2011

Worksheet D-3
Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	NEURO INTENSIVE CARE UNIT		0		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		939,677		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	0	0	55.00
56.00	RADIOISOTOPE	0.365944	0	0	56.00
57.00	CT SCAN	0.075460	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	0	0	59.01
60.00	LABORATORY	0.259792	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	0	0	65.00
65.01	NEUROPSYCH TESTING	0.382987	0	0	65.01
66.00	PHYSICAL THERAPY	0.497861	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	0	0	73.00
74.00	RENAL DIALYSIS	0.678587	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	0	0	75.01
75.02	ORTHOTICS LAB	0.782253	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	0	0	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	0	0	90.04
90.05	CLINIC EAST	1.180002	0	0	90.05
90.06	CLINIC RESEARCH PARK	1.040996	0	0	90.06
91.00	EMERGENCY	0.277940	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		0		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 520098
Component CCN: 52T098

Period: From 07/01/2010 To 06/30/2011

Worksheet D-3
Date/Time Prepared: 1/17/2012 5:36 pm

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
31.01	TRAUMA INTENSIVE CARE UNIT		0		31.01
31.02	CARDIOTHORACIC SURGERY ICU		0		31.02
31.03	CARDIAC INTENSIVE CARE UNIT		0		31.03
31.04	PEDIATRIC INTENSIVE CARE UNIT		0		31.04
31.05	NEURO INTENSIVE CARE UNIT		0		31.05
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		816,406		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.339846	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.165412	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.345521	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.205750	0	0	55.00
56.00	RADIOISOTOPE	0.365944	0	0	56.00
57.00	CT SCAN	0.075460	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.108781	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
59.01	CARDIAC REHABILITATION	0.867041	0	0	59.01
60.00	LABORATORY	0.259792	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.522716	0	0	65.00
65.01	NEUROPSYCH TESTING	0.382987	0	0	65.01
66.00	PHYSICAL THERAPY	0.497861	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.259700	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.311382	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577179	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.637738	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.470141	0	0	73.00
74.00	RENAL DIALYSIS	0.678587	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PULMONARY FUNCTION TESTING	0.286652	0	0	75.01
75.02	ORTHOTICS LAB	0.782253	0	0	75.02
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	CLINIC CSC	0.784510	0	0	90.01
90.02	CLINIC UNIVERSITY STATION	1.058369	0	0	90.02
90.03	CLINIC WAISMAN	0.932634	0	0	90.03
90.04	CLINIC WEST	1.153393	0	0	90.04
90.05	CLINIC EAST	1.180002	0	0	90.05
90.06	CLINIC RESEARCH PARK	1.040996	0	0	90.06
91.00	EMERGENCY	0.277940	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365279	0	0	92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		0		202.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	D	Kidney: Inpatient Routine Organ Charges	Kidney: Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: 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	818,504	1,144.80	297	340,006	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,624.74	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	129,317	6,878.33	21	144,445	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,902.46	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	15,539	2,638.89	2	5,278	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,388.72	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	6,856	2,543.92	1	2,544	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		970,216		321	492,273	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	0.339846	2,939,967	999,136	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.165412	467,540	77,337	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.345521	930,010	321,338	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.205750	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.365944	8,708	3,187	14.00
15.00	CT SCAN	57.00	0.075460	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.108781	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.867041	0	0	17.01
18.00	LABORATORY	60.00	0.259792	1,332,084	346,065	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
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	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.522716	29,856	15,606	23.00
23.01	NEUROPSYCH TESTING	65.01	0.382987	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.497861	862	429	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.259700	108,845	28,267	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.311382	58,387	18,181	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577179	237,306	136,968	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.637738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.470141	313,949	147,600	31.00
32.00	RENAL DIALYSIS	74.00	0.678587	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.286652	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.782253	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS					34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.784510	0	0	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	1.058369	0	0	37.02
37.03	CLINIC WAISMAN	90.03	0.932634	0	0	37.03
37.04	CLINIC WEST	90.04	1.153393	444,125	512,251	37.04
37.05	CLINIC EAST	90.05	1.180002	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	1.040996	0	0	37.06
38.00	EMERGENCY	91.00	0.277940	3,230	898	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.365279	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			6,874,869	2,607,263	41.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Kidney D	Kidney Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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	297	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	21	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	2	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	1	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
48.00	TOTAL (sum of lines 42 through 47)			321	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	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
51.01	CLINIC CSC	23.01	0	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	444,125	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
52.00	EMERGENCY	24.00	3,230	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					54.00
55.00	TOTAL (sum of lines 49 through 52)		447,355		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	3,099,536		7,845,085		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)	13,266,389		15,872,052		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)	16,365,925		23,717,137		61.00
62.00	Total Usable Organs (see instructions)		558			62.00
63.00	Medicare Usable Organs (see instructions)		421			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.754480			64.00
65.00	Medicare Cost/Charges (see instructions)	12,347,763		17,894,106		65.00
66.00	Revenue for Organs Sold	1,067,154		1,067,154		66.00
67.00	Subtotal (line 65 minus line 66)	11,280,609		16,826,952		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	11,280,609	0	16,826,952	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Kidney Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	91	66		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	5	214		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	216		73.00
74.00	Total (sum of lines 70 thru 73)	96	496		74.00
75.00	Organs Transplanted	91	216	0	75.00
76.00	Organs Sold to Other Hospitals	5	30	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	216	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		81.00
82.00	Organs Used for Research	0	2		82.00
83.00	Unusable/Discarded Organs	0	32		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	96	496		84.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

Liver | Hospital | PPS

	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	1,144.80	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,624.74	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	44,489	6,878.33	7	48,148	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,902.46	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,638.89	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,388.72	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,543.92	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		44,489		7	48,148	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	0.339846	173,808	59,068	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.165412	12,804	2,118	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.345521	325,824	112,579	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.205750	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.365944	4,412	1,615	14.00
15.00	CT SCAN	57.00	0.075460	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.108781	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.867041	0	0	17.01
18.00	LABORATORY	60.00	0.259792	640,699	166,448	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
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	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.522716	14,800	7,736	23.00
23.01	NEUROPSYCH TESTING	65.01	0.382987	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.497861	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.259700	177,563	46,113	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.311382	38,590	12,016	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577179	9,596	5,539	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.637738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.470141	40,597	19,086	31.00
32.00	RENAL DIALYSIS	74.00	0.678587	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.286652	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.782253	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS					34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.784510	0	0	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	1.058369	0	0	37.02
37.03	CLINIC WAISMAN	90.03	0.932634	0	0	37.03
37.04	CLINIC WEST	90.04	1.153393	96,526	111,332	37.04
37.05	CLINIC EAST	90.05	1.180002	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	1.040996	0	0	37.06
38.00	EMERGENCY	91.00	0.277940	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.365279	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			1,535,219	543,650	41.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Liver D	Liver Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	7	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
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	OTHER SPECIAL CARE (SPECIFY)					47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	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
51.01	CLINIC CSC	23.01	0	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	96,526	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
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					54.00
55.00	TOTAL (sum of lines 49 through 52)		96,526		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	591,798		1,579,708		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)	4,903,716		1,083,631		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)	5,495,514		2,663,339		61.00
62.00	Total Usable Organs (see instructions)		186			62.00
63.00	Medicare Usable Organs (see instructions)		124			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.666667			64.00
65.00	Medicare Cost/Charges (see instructions)	3,663,678		1,775,560		65.00
66.00	Revenue for Organs Sold	693,200		693,200		66.00
67.00	Subtotal (line 65 minus line 66)	2,970,478		1,082,360		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,970,478	0	1,082,360	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Liver Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	26		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	97		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	83		73.00
74.00	Total (sum of lines 70 thru 73)	0	206		74.00
75.00	Organs Transplanted	0	83	0	75.00
76.00	Organs Sold to Other Hospitals	0	20	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	83	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		81.00
82.00	Organs Used for Research	0	8		82.00
83.00	Unusable/Discarded Organs	0	12		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	206		84.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	D	Heart: Inpatient Routine Organ Charges	Heart: Per Diem Costs (from Wkst. D-1, Part II)	Hospital: Organ Acquisition	PPS: 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	1,144.80	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,624.74	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	4,309	6,878.33	1	6,878	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,902.46	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,638.89	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,388.72	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,543.92	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		4,309		1	6,878	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	0.339846	40,800	13,866	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.165412	5,617	929	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.345521	57,352	19,816	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.205750	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.365944	2,206	807	14.00
15.00	CT SCAN	57.00	0.075460	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.108781	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.867041	0	0	17.01
18.00	LABORATORY	60.00	0.259792	78,244	20,327	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
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	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.522716	13,130	6,863	23.00
23.01	NEUROPSYCH TESTING	65.01	0.382987	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.497861	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.259700	58,861	15,286	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.311382	121,539	37,845	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577179	52,656	30,392	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.637738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.470141	8,509	4,000	31.00
32.00	RENAL DIALYSIS	74.00	0.678587	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.286652	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.782253	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS					34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.784510	0	0	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	1.058369	0	0	37.02
37.03	CLINIC WAISMAN	90.03	0.932634	0	0	37.03
37.04	CLINIC WEST	90.04	1.153393	57,433	66,243	37.04
37.05	CLINIC EAST	90.05	1.180002	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	1.040996	0	0	37.06
38.00	EMERGENCY	91.00	0.277940	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.365279	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			496,347	216,374	41.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Heart D	Heart Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	1	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
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	OTHER SPECIAL CARE (SPECIFY)					47.00
48.00	TOTAL (sum of lines 42 through 47)			1	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	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
51.01	CLINIC CSC	23.01	0	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	57,433	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
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					54.00
55.00	TOTAL (sum of lines 49 through 52)		57,433		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	223,252		500,656		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)	1,988,829		1,695,699		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)	2,212,081		2,196,355		61.00
62.00	Total Usable Organs (see instructions)		48			62.00
63.00	Medicare Usable Organs (see instructions)		33			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.687500			64.00
65.00	Medicare Cost/Charges (see instructions)	1,520,806		1,509,994		65.00
66.00	Revenue for Organs Sold	483,400		483,400		66.00
67.00	Subtotal (line 65 minus line 66)	1,037,406		1,026,594		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,037,406	0	1,026,594	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Heart Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	28		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	18		73.00
74.00	Total (sum of lines 70 thru 73)	0	52		74.00
75.00	Organs Transplanted	0	18	0	75.00
76.00	Organs Sold to Other Hospitals	0	12	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	18	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		81.00
82.00	Organs Used for Research	0	4		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	52		84.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	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)	
			Lung		Hospital	PPS	
		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	1,144.80	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,624.74	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	9,305	6,878.33	2	13,757	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,902.46	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	0	2,638.89	0	0	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,388.72	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,543.92	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		9,305		2	13,757	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	0.339846	83,275	28,301	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.165412	7,053	1,167	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.345521	84,458	29,182	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.205750	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.365944	18,343	6,713	14.00
15.00	CT SCAN	57.00	0.075460	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.108781	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.867041	0	0	17.01
18.00	LABORATORY	60.00	0.259792	82,822	21,516	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
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	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.522716	22,917	11,979	23.00
23.01	NEUROPSYCH TESTING	65.01	0.382987	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.497861	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.259700	45,893	11,918	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.311382	154,148	47,999	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577179	12,688	7,323	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.637738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.470141	12,302	5,784	31.00
32.00	RENAL DIALYSIS	74.00	0.678587	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.286652	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.782253	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS					34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.784510	0	0	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	1.058369	0	0	37.02
37.03	CLINIC WAISMAN	90.03	0.932634	0	0	37.03
37.04	CLINIC WEST	90.04	1.153393	62,221	71,765	37.04
37.05	CLINIC EAST	90.05	1.180002	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	1.040996	0	0	37.06
38.00	EMERGENCY	91.00	0.277940	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.365279	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			586,120	243,647	41.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Lung D	Lung Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	2	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	0	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
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	OTHER SPECIAL CARE (SPECIFY)					47.00
48.00	TOTAL (sum of lines 42 through 47)			2	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	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
51.01	CLINIC CSC	23.01	0	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	62,221	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
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					54.00
55.00	TOTAL (sum of lines 49 through 52)		62,221		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	257,404		595,425		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)	2,435,170		1,099,442		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)	2,692,574		1,694,867		61.00
62.00	Total Usable Organs (see instructions)		89			62.00
63.00	Medicare Usable Organs (see instructions)		53			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.595506			64.00
65.00	Medicare Cost/Charges (see instructions)	1,603,444		1,009,303		65.00
66.00	Revenue for Organs Sold	124,780		124,780		66.00
67.00	Subtotal (line 65 minus line 66)	1,478,664		884,523		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,478,664	0	884,523	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Lung Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	10		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	41		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	42		73.00
74.00	Total (sum of lines 70 thru 73)	0	93		74.00
75.00	Organs Transplanted	0	42	0	75.00
76.00	Organs Sold to Other Hospitals	0	5	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	42	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		81.00
82.00	Organs Used for Research	0	4		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	93		84.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	D	Pancreas Inpatient Routine Organ Charges	Pancreas Per Diem Costs (from Wkst. D-1, Part II)	Hospital Organ Acquisition	PPS 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	1,144.80	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	0	2,624.74	0	0	2.01
2.02	CARDIOTHORACIC SURGERY ICU	43.02	27,349	6,878.33	4	27,513	2.02
2.03	CARDIAC INTENSIVE CARE UNIT	43.03	0	2,902.46	0	0	2.03
2.04	PEDIATRIC INTENSIVE CARE UNIT	43.04	5,028	2,638.89	1	2,639	2.04
2.05	NEURO INTENSIVE CARE UNIT	43.05	0	2,388.72	0	0	2.05
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	2,543.92	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)						6.00
7.00	TOTAL (sum of lines 1-6)		32,377		5	30,152	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	0.339846	114,922	39,056	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.165412	9,527	1,576	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.345521	1,555	537	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.205750	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.365944	0	0	14.00
15.00	CT SCAN	57.00	0.075460	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.108781	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
17.01	CARDIAC REHABILITATION	59.01	0.867041	0	0	17.01
18.00	LABORATORY	60.00	0.259792	48,787	12,674	18.00
18.01	BLOOD LABORATORY	60.01	0.000000	0	0	18.01
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	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.522716	6,363	3,326	23.00
23.01	NEUROPSYCH TESTING	65.01	0.382987	0	0	23.01
24.00	PHYSICAL THERAPY	66.00	0.497861	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.259700	1,126	292	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.311382	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577179	5,926	3,420	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.637738	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.470141	9,806	4,610	31.00
32.00	RENAL DIALYSIS	74.00	0.678587	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
33.01	PULMONARY FUNCTION TESTING	75.01	0.286652	0	0	33.01
33.02	ORTHOTICS LAB	75.02	0.782253	0	0	33.02
34.00	OTHER ANCILLARY SERVICE COST CENTERS					34.00
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
37.01	CLINIC CSC	90.01	0.784510	0	0	37.01
37.02	CLINIC UNIVERSITY STATION	90.02	1.058369	0	0	37.02
37.03	CLINIC WAISMAN	90.03	0.932634	0	0	37.03
37.04	CLINIC WEST	90.04	1.153393	5,325	6,142	37.04
37.05	CLINIC EAST	90.05	1.180002	0	0	37.05
37.06	CLINIC RESEARCH PARK	90.06	1.040996	0	0	37.06
38.00	EMERGENCY	91.00	0.277940	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.365279	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			203,337	71,633	41.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Pancreas D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS 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	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
43.01	TRAUMA INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01
43.02	CARDIOTHORACIC SURGERY ICU	3.02	0.00	4	0	43.02
43.03	CARDIAC INTENSIVE CARE UNIT	3.03	0.00	0	0	43.03
43.04	PEDIATRIC INTENSIVE CARE UNIT	3.04	0.00	1	0	43.04
43.05	NEURO INTENSIVE CARE UNIT	3.05	0.00	0	0	43.05
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	OTHER SPECIAL CARE (SPECIFY)					47.00
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	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
51.01	CLINIC CSC	23.01	0	0.000000	0	51.01
51.02	CLINIC UNIVERSITY STATION	23.02	0	0.000000	0	51.02
51.03	CLINIC WAISMAN	23.03	0	0.000000	0	51.03
51.04	CLINIC WEST	23.04	5,325	0.000000	0	51.04
51.05	CLINIC EAST	23.05	0	0.000000	0	51.05
51.06	CLINIC RESEARCH PARK	23.06	0	0.000000	0	51.06
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					54.00
55.00	TOTAL (sum of lines 49 through 52)		5,325		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges 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	101,785		235,714		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)	2,096,521		778,346		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)	2,198,306		1,014,060		61.00
62.00	Total Usable Organs (see instructions)		80			62.00
63.00	Medicare Usable Organs (see instructions)		56			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.700000			64.00
65.00	Medicare Cost/Charges (see instructions)	1,538,814		709,842		65.00
66.00	Revenue for Organs Sold	185,000		185,000		66.00
67.00	Subtotal (line 65 minus line 66)	1,353,814		524,842		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,353,814	0	524,842	0	69.00

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

Provider CCN: 520098
Component CCN: 52P001

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Pancreas Living Related 1.00	Hospital Cadaveric 2.00	PPS Revenue 3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	20		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	49		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	37		73.00
74.00	Total (sum of lines 70 thru 73)	0	106		74.00
75.00	Organs Transplanted	0	37	0	75.00
76.00	Organs Sold to Other Hospitals	0	6	0	76.00
77.00	Organs Sold to OPOs	0	0	0	77.00
78.00	Organs Sold to Transplant Hospitals	0	37	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		81.00
82.00	Organs Used for Research	0	17		82.00
83.00	Unusable/Discarded Organs	0	9		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	106		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/17/2012 5:36 pm

		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		84,619,980		1.00
2.00	Outlier payments for discharges. (see instructions)		10,505,561		2.00
3.00	Managed Care Simulated Payments		16,154,324		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		441.55		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		287.66		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		287.66		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		354.90		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		287.66		12.00
13.00	Total allowable FTE count for the prior year.		287.66		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		287.66		14.00
15.00	Sum of lines 12 through 14 divided by 3.		287.66		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		287.66		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.651478		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.657614		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.651478		21.00
22.00	IME payment adjustment (see instructions)		30,649,497		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		15.50		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		67.24		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		15.50		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.035104		26.00
27.00	IME payments adjustment. (see instructions)		0.009287		27.00
28.00	IME Adjustment (see instructions)		935,891		28.00
29.00	Total IME payment (sum of lines 22 and 28)		31,585,388		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.96		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.47		31.00
32.00	Sum of lines 30 and 31		23.43		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.54		33.00
34.00	Disproportionate share adjustment (see instructions)		7,226,546		34.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		133,937,475		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		133,937,475		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	9,813,164		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	6,890,796		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	18,120,971		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	70,585		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	482,399		58.00
59.00	Total (sum of amounts on lines 49 through 58)	169,315,390		59.00
60.00	Primary payer payments	652,263		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	168,663,127		61.00
62.00	Deductibles billed to program beneficiaries	5,863,168		62.00
63.00	Coinsurance billed to program beneficiaries	498,177		63.00
64.00	Allowable bad debts (see instructions)	278,434		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	194,904		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	65,336		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	162,496,686		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	162,496,686		71.00
72.00	Interim payments	159,293,414		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	3,203,272		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	134,418	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	61,259,930	2.00
3.00	PPS payments	62,007,403	3.00
4.00	Outlier payment (see instructions)	1,927,852	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	332,600	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	134,418	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	250,632	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)	250,632	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	250,632	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	116,214	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	134,418	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)	64,267,855	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	32,899	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	13,286,517	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)	51,082,857	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	2,459,756	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)	53,542,613	30.00
31.00	Primary payer payments	18,720	31.00
32.00	Subtotal (line 30 minus line 31)	53,523,893	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)	1,773,572	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,241,500	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,581,331	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	54,765,393	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)	54,765,393	40.00
41.00	Interim payments	54,077,422	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)	687,971	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: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	39	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	18,174	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	2	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	39	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	84	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)	84	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	84	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	45	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	39	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)	2	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	41	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	41	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	41	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)	41	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)	41	40.00
41.00	Interim payments	18,874	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)	-18,833	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: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		157,342,539		53,895,175	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		1,950,875		182,247	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)		1,950,875		182,247	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)		159,293,414		54,077,422	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		3,203,272		687,971	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		162,496,686		54,765,393	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,436,169		18,874	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)		1,436,169		18,874	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		4,666		18,833	6.02
7.00	Total Medicare program liability (see instructions)		1,431,503		41	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,828,921		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,828,921		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		6,225		0	6.02
7.00	Total Medicare program liability (see instructions)		2,822,696		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		1.00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	25,388	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	43,176	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	8,047	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	127,320	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	2,162,081,551	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	116,956,257	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)	2,709,399	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)	2,709,399	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,414,935	1.00
2.00	Net IPF PPS Outlier Payments	53,424	2.00
3.00	Net IPF PPS ECT Payments	5,639	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	5.66	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	3.51	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	3.51	8.00
9.00	Average Daily Census (see instructions)	15.169863	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.113145	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	160,093	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,634,091	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,634,091	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,634,091	18.00
19.00	Deductibles	186,143	19.00
20.00	Subtotal (line 18 minus line 19)	1,447,948	20.00
21.00	Coinsurance	21,479	21.00
22.00	Subtotal (line 20 minus line 21)	1,426,469	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,426,469	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	5,034	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,431,503	31.00
32.00	Interim payments	1,436,169	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	-4,666	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,186,862	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0431	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	182,743	3.00
4.00	Outlier Payments	346,627	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.50	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	1.49	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	1.49	9.00
10.00	Average Daily Census (see instructions)	16.054795	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.062925	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	137,608	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	2,853,840	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	2,853,840	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	2,853,840	19.00
20.00	Deductibles	11,064	20.00
21.00	Subtotal (line 19 minus line 20)	2,842,776	21.00
22.00	Coinsurance	23,316	22.00
23.00	Subtotal (line 21 minus line 22)	2,819,460	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,819,460	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	3,236	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,822,696	32.00
33.00	Interim payments	2,828,921	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	-6,225	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/17/2012 5:36 pm
	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	31,082,378	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	31,082,378	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	31,082,378	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	98,376,668	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)	98,376,668	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	98,376,668	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	67,294,290	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 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 (line 7)	31,082,378	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	143,948	26.00
27.00	Subtotal (sum of lines 22 through 26)	143,948	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX PPS, lessor of lines 27 or 28; non-PPS enter amount from line 27	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 through 21, plus line 29, minus line 30)	31,082,378	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)	31,082,378	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	31,082,378	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	31,082,378	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	31,082,378	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IPF	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	0	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	0	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	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)	0	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 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 (line 7)	0	21.00
	PROSPECTIVE PAYMENT AMOUNT		
22.00	Other than outlier payments	0	22.00
23.00	Outlier payments	0	23.00
24.00	Program capital payments	0	24.00
25.00	Capital exception payments (see instructions)	0	25.00
26.00	Routine and Ancillary service other pass through costs	17,015	26.00
27.00	Subtotal (sum of lines 22 through 26)	17,015	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX PPS, lessor of lines 27 or 28; non-PPS enter amount from line 27	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	0	30.00
31.00	Subtotal (sum of lines 19 through 21, plus line 29, minus line 30)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 Component CCN: 52T098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VII Date/Time Prepared: 1/17/2012 5:36 pm
	Title XIX	Subprovider - IRF	Cost

		1.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES		
1.00	Inpatient hospital/SNF/NF services	464,480	1.00
2.00	Medical and other services	0	2.00
3.00	Organ acquisition (certified transplant centers only)	0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	464,480	4.00
5.00	Inpatient primary payer payments	0	5.00
6.00	Outpatient primary payer payments	0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	464,480	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable Charges		
8.00	Routine service charges	0	8.00
9.00	Ancillary service charges	0	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)	0	12.00
	CUSTOMARY CHRGES		
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	15.00
16.00	Total customary charges (see instructions)	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 7) (see instructions)	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 7 exceeds line 16) (see instructions)	464,480	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 (line 7)	464,480	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	17,015	26.00
27.00	Subtotal (sum of lines 22 through 26)	17,015	27.00
28.00	Customary charges (title XIX PPS covered services only)	0	28.00
29.00	Titles V or XIX PPS, lessor of lines 27 or 28; non-PPS enter amount from line 27	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30.00	Excess of reasonable cost (from line 18)	464,480	30.00
31.00	Subtotal (sum of lines 19 through 21, plus line 29, minus line 30)	0	31.00
32.00	Deductibles	0	32.00
33.00	Coinsurance	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Utilization review	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	40.00
41.00	Interim payments	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			324.18	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.24	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			320.94	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			366.96	6.00
7.00	Enter the lesser of line 5 or line 6			320.94	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.	86.34	248.86	335.20	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.	75.51	217.65	293.16	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	75.51	217.65		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	78.96	216.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	80.73	215.87		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	78.40	216.77		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	78.40	216.77		17.00
18.00	Per resident amount	77,567.86	77,567.86		18.00
19.00	Approved amount for resident costs	6,081,320	16,814,385	22,895,705	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)			15.50	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			46.02	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			14.16	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			91,201.58	23.00
24.00	Multiply line 22 time line 23			1,291,414	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			24,187,119	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	46,717	8,047		26.00
27.00	Total Inpatient Days	138,717	138,717		27.00
28.00	Ratio of inpatient days to total inpatient days	0.336779	0.058010		28.00
29.00	Program direct GME amount	8,145,714	1,403,095		29.00
30.00	Reduction for nursing/allied health		198,257		30.00
31.00	Net Program direct GME amount			9,350,552	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	5,613,419	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)	155,452,450	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	18,120,971	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)	652,263	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	172,921,158	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	61,745,163	42.00
43.00	Primary payer payments (see instructions)	18,720	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	61,726,443	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	234,647,601	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.736940	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.263060	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	9,350,552	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	6,890,796	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	2,459,756	50.00

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

Provider CCN: 520098

Period: From 07/01/2010 To 06/30/2011

Worksheet G

Date/Time Prepared: 1/17/2012 5:36 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	52,804,224	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	125,692,595	0	0	0	4.00
5.00	Other receivable	11,739,816	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,483,083	0	0	0	7.00
8.00	Prepaid expenses	5,215,476	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	203,935,194	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	14,785,132	0	0	0	12.00
13.00	Land improvements	2,256,726	0	0	0	13.00
14.00	Accumulated depreciation	-1,655,007	0	0	0	14.00
15.00	Buildings	518,594,199	0	0	0	15.00
16.00	Accumulated depreciation	-219,762,428	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	217,414,118	0	0	0	23.00
24.00	Accumulated depreciation	-152,686,898	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	36,799,615	0	0	0	27.00
28.00	Accumulated depreciation	-30,255,443	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)	385,490,014	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	306,218,720	164,666,325	1,923,453	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	57,480,738	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	363,699,458	164,666,325	1,923,453	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	953,124,666	164,666,325	1,923,453	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	27,613,915	0	0	0	37.00
38.00	Salaries, wages, and fees payable	36,419,111	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	2,178,998	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	76,119,152	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	142,331,176	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	308,563,520	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	308,563,520	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	450,894,696	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	657,972,325				52.00
53.00	Specific purpose fund		8,923,970			53.00
54.00	Donor created - endowment fund balance - restricted			1,923,453		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)	657,972,325	8,923,970	1,923,453	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,108,867,021	8,923,970	1,923,453	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/17/2012 5:36 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		499,529,064		7,135,299		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		83,779,814				2.00
3.00	Total (sum of line 1 and line 2)		583,308,878		7,135,299		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		583,308,878		7,135,299		11.00
12.00	Deductions (debit adjustments) (specify)	0		9,353,036			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		9,353,036		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		583,308,878		-2,217,737		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520098

Period: From 07/01/2010 To 06/30/2011

Worksheet G-1

Date/Time Prepared: 1/17/2012 5:36 pm

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		1,169,087		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		1,169,087		0		3.00
4.00	Additions (credit adjustments) (specify)	1,788,671		754,366			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		1,788,671		754,366		10.00
11.00	Subtotal (line 3 plus line 10)		2,957,758		754,366		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,957,758		754,366		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 520098 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/17/2012 5:36 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	172,267,896		172,267,896	1.00
2.00	SUBPROVIDER - IPF	7,064,249		7,064,249	2.00
3.00	SUBPROVIDER - IRF	8,548,788		8,548,788	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	187,880,933		187,880,933	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
11.01	TRAUMA INTENSIVE CARE UNIT	41,925,213		41,925,213	11.01
11.02	CARDIOTHORACIC SURGERY ICU	21,359,714		21,359,714	11.02
11.03	CARDIAC INTENSIVE CARE UNIT	7,951,764		7,951,764	11.03
11.04	PEDIATRIC INTENSIVE CARE UNIT	23,525,313		23,525,313	11.04
11.05	NEURO INTENSIVE CARE UNIT	22,674,658		22,674,658	11.05
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	6,486,759		6,486,759	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	123,923,421		123,923,421	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	311,804,354		311,804,354	17.00
18.00	Ancillary services	841,642,227	982,082,090	1,823,724,317	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		3,746,152	3,746,152	22.00
23.00	AMBULANCE SERVICES	-19,356	12,010,512	11,991,156	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,153,427,225	997,838,754	2,151,265,979	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		988,114,297		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)		988,114,297		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/17/2012 5:36 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,151,265,979	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,162,915,012	2.00
3.00	Net patient revenues (line 1 minus line 2)	988,350,967	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	988,114,297	4.00
5.00	Net income from service to patients (line 3 minus line 4)	236,670	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	2,816,793	6.00
7.00	Income from investments	10,342,014	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	2,176,196	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	389,737	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	67,818,404	24.00
25.00	Total other income (sum of lines 6-24)	83,543,144	25.00
26.00	Total (line 5 plus line 25)	83,779,814	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	83,779,814	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	217,833	90,230	895	2,620	187,874	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,516,913	628,328	0	0	11,000	6.00
7.00	Physical Therapy	422,847	175,149	0	0	0	7.00
8.00	Occupational Therapy	106,836	44,253	0	0	0	8.00
9.00	Speech Pathology	1,391	576	0	0	0	9.00
10.00	Medical Social Services	35,947	14,890	0	0	0	10.00
11.00	Home Health Aide	84,844	35,144	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,386,611	988,570	895	2,620	198,874	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	499,452	0	499,452	0	499,452	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,156,241	0	2,156,241	0	2,156,241	6.00
7.00	Physical Therapy	597,996	0	597,996	0	597,996	7.00
8.00	Occupational Therapy	151,089	0	151,089	0	151,089	8.00
9.00	Speech Pathology	1,967	0	1,967	0	1,967	9.00
10.00	Medical Social Services	50,837	0	50,837	0	50,837	10.00
11.00	Home Health Aide	119,988	0	119,988	0	119,988	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,577,570	0	3,577,570	0	3,577,570	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
			Bldgs & Fixtures	Movable Equipment			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	499,452	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,156,241	0	0	0	0	6.00
7.00	Physical Therapy	597,996	0	0	0	0	7.00
8.00	Occupational Therapy	151,089	0	0	0	0	8.00
9.00	Speech Pathology	1,967	0	0	0	0	9.00
10.00	Medical Social Services	50,837	0	0	0	0	10.00
11.00	Home Health Aide	119,988	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,577,570	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Subtotal (cols. 0-4)	Administrative & General	Total (cols. 4A + 5)		
		4A.00	5.00	6.00		
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation					4.00
5.00	Administrative and General	499,452	499,452			5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	2,156,241	349,869	2,506,110		6.00
7.00	Physical Therapy	597,996	97,030	695,026		7.00
8.00	Occupational Therapy	151,089	24,516	175,605		8.00
9.00	Speech Pathology	1,967	319	2,286		9.00
10.00	Medical Social Services	50,837	8,249	59,086		10.00
11.00	Home Health Aide	119,988	19,469	139,457		11.00
12.00	Supplies (see instructions)	0	0	0		12.00
13.00	Drugs	0	0	0		13.00
14.00	DME	0	0	0		14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0		17.00
18.00	Clinic	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0		19.00
20.00	Day Care Program	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0		21.00
22.00	Homemaker Service	0	0	0		22.00
23.00	All Others	0	0	0		23.00
24.00	Total (sum of lines 1-23)	3,078,118		3,577,570		24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part II
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Capital Related Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		1.00	2.00	3.00	4.00	5A.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-499,452	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-499,452	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-1
Part II
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		Administrative & General (ACCUM. COST)	
		5.00	
	GENERAL SERVICE COST CENTERS		
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	3,078,118	5.00
	HHA REIMBURSABLE SERVICES		
6.00	Skilled Nursing Care	2,156,241	6.00
7.00	Physical Therapy	597,996	7.00
8.00	Occupational Therapy	151,089	8.00
9.00	Speech Pathology	1,967	9.00
10.00	Medical Social Services	50,837	10.00
11.00	Home Health Aide	119,988	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
	HHA NONREIMBURSABLE SERVICES		
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others	0	23.00
24.00	Total (sum of lines 1-23)	3,078,118	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	499,452	25.00
26.00	Unit Cost Multiplier	0.162259	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		HHA Trial Balance (1)	CAPITAL RELATED COSTS				
			BLDG & FIXT	RESEARCH PARK	WEST CLINIC	EAST CLINIC	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	2,506,110	0	0	0	0	2.00
3.00	Physical Therapy	695,026	0	0	0	0	3.00
4.00	Occupational Therapy	175,605	0	0	0	0	4.00
5.00	Speech Pathology	2,286	0	0	0	0	5.00
6.00	Medical Social Services	59,086	0	0	0	0	6.00
7.00	Home Health Aide	139,457	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,577,570	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		CAPITAL RELATED COSTS					
		600 HIGHLAND	WAISMAN	USTATION	EXCELSIOR	8007 EXCEL	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	171	0	0	0	0	1.00
2.00	Skilled Nursing Care	737	0	0	0	0	2.00
3.00	Physical Therapy	206	0	0	0	0	3.00
4.00	Occupational Therapy	51	0	0	0	0	4.00
5.00	Speech Pathology	17	0	0	0	0	5.00
6.00	Medical Social Services	17	0	0	0	0	6.00
7.00	Home Health Aide	34	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,233	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

		CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
		2.00	4.00	4A	5.00	6.00	
1.00	Administrative and General	0	8,696	8,867	2,303	34,093	1.00
2.00	Skilled Nursing Care	0	36,546	2,543,393	660,547	143,277	2.00
3.00	Physical Therapy	0	10,187	705,419	183,205	39,921	3.00
4.00	Occupational Therapy	0	2,574	178,230	46,288	10,100	4.00
5.00	Speech Pathology	0	34	2,337	607	120	5.00
6.00	Medical Social Services	0	866	59,969	15,575	3,393	6.00
7.00	Home Health Aide	0	2,044	141,535	36,758	8,024	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	60,947	3,639,750	945,283	238,928	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	0	14,485	0	0	1.00
2.00	Skilled Nursing Care	0	0	60,872	0	0	2.00
3.00	Physical Therapy	0	0	16,961	0	0	3.00
4.00	Occupational Therapy	0	0	4,291	0	0	4.00
5.00	Speech Pathology	0	0	51	0	0	5.00
6.00	Medical Social Services	0	0	1,442	0	0	6.00
7.00	Home Health Aide	0	0	3,409	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	101,511	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
1/17/2012 5:36 pm

Home Health Agency I

		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	46,211	733	1,014	5,859	1.00
2.00	Skilled Nursing Care	0	194,244	3,078	4,259	24,623	2.00
3.00	Physical Therapy	0	54,127	858	1,188	6,864	3.00
4.00	Occupational Therapy	0	13,656	217	300	1,734	4.00
5.00	Speech Pathology	0	198	3	4	23	5.00
6.00	Medical Social Services	0	4,552	73	101	583	6.00
7.00	Home Health Aide	0	10,885	172	238	1,377	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	323,873	5,134	7,104	41,063	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

		SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	HISTOCOMPATIBILITY LAB	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		17.00	18.00	18.01	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

		INTERNS & RESIDENTS					
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	PHARMACY PROGRAM	EMERGENCY MED PROGRAM	
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520098
HHA CCN: 527220

Period:
From 07/01/2010
To 06/30/2011

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

		DIETARY PROGRAM	RADIOLOGIC TECHNOLOGIST	ULTRASOUND TECHNOLOGIST	RADIOTHERAPY TECHNOLOGIST	Subtotal	
		23.03	23.04	23.05	23.06	24.00	
1.00	Administrative and General	0	0	0	0	113,565	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,634,293	2.00
3.00	Physical Therapy	0	0	0	0	1,008,543	3.00
4.00	Occupational Therapy	0	0	0	0	254,816	4.00
5.00	Speech Pathology	0	0	0	0	3,343	5.00
6.00	Medical Social Services	0	0	0	0	85,688	6.00
7.00	Home Health Aide	0	0	0	0	202,398	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	5,302,646	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General	0	113,565				1.00
2.00	Skilled Nursing Care	0	3,634,293	79,539	3,713,832		2.00
3.00	Physical Therapy	0	1,008,543	22,072	1,030,615		3.00
4.00	Occupational Therapy	0	254,816	5,577	260,393		4.00
5.00	Speech Pathology	0	3,343	73	3,416		5.00
6.00	Medical Social Services	0	85,688	1,875	87,563		6.00
7.00	Home Health Aide	0	202,398	4,429	206,827		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	0	5,302,646	113,565	5,302,646		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.021885			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	RESEARCH PARK (SQUARE FEET)	WEST CLINIC (SQUARE FEET)	EAST CLINIC (SQUARE FEET)	600 HIGHLAND (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	10	1.00
2.00	Skilled Nursing Care	0	0	0	0	43	2.00
3.00	Physical Therapy	0	0	0	0	12	3.00
4.00	Occupational Therapy	0	0	0	0	3	4.00
5.00	Speech Pathology	0	0	0	0	1	5.00
6.00	Medical Social Services	0	0	0	0	1	6.00
7.00	Home Health Aide	0	0	0	0	2	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	72	20.00
21.00	Total cost to be allocated	0	0	0	0	1,233	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	17.125000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		CAPITAL RELATED COSTS					
		WAISMAN (SQUARE FEET)	USTATION (SQUARE FEET)	EXCELSIOR (SQUARE FEET)	8007 EXCEL (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		4.00	5A	5.00	6.00	7.00	
1.00	Administrative and General	340,524	0	8,867	854	0	1.00
2.00	Skilled Nursing Care	1,431,099	0	2,543,393	3,589	0	2.00
3.00	Physical Therapy	398,926	0	705,419	1,000	0	3.00
4.00	Occupational Therapy	100,792	0	178,230	253	0	4.00
5.00	Speech Pathology	1,313	0	2,337	3	0	5.00
6.00	Medical Social Services	33,913	0	59,969	85	0	6.00
7.00	Home Health Aide	80,044	0	141,535	201	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,386,611		3,639,750	5,985	0	20.00
21.00	Total cost to be allocated	60,947		945,283	238,928	0	21.00
22.00	Unit cost multiplier	0.025537		0.259711	39.921136	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
1.00	Administrative and General	0	854	0	0	0	1.00
2.00	Skilled Nursing Care	0	3,589	0	0	0	2.00
3.00	Physical Therapy	0	1,000	0	0	0	3.00
4.00	Occupational Therapy	0	253	0	0	0	4.00
5.00	Speech Pathology	0	3	0	0	0	5.00
6.00	Medical Social Services	0	85	0	0	0	6.00
7.00	Home Health Aide	0	201	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	5,985	0	0	0	20.00
21.00	Total cost to be allocated	0	101,511	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	16.960902	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520098
HHA CCN: 527220

Period:
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Home Health Agency I

		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	467	2,262	956	534,575	0	1.00
2.00	Skilled Nursing Care	1,963	9,505	4,018	2,246,623	0	2.00
3.00	Physical Therapy	547	2,650	1,120	626,257	0	3.00
4.00	Occupational Therapy	138	669	283	158,229	0	4.00
5.00	Speech Pathology	2	9	4	2,060	0	5.00
6.00	Medical Social Services	46	225	95	53,239	0	6.00
7.00	Home Health Aide	110	532	224	125,659	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,273	15,852	6,700	3,746,642	0	20.00
21.00	Total cost to be allocated	323,873	5,134	7,104	41,063	0	21.00
22.00	Unit cost multiplier	98.952948	0.323871	1.060299	0.010960	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		OTHER GENERAL SERVICE					
		(SPECIFY) (TIME SPENT)	HISTOCOMPATIBILITY LAB (# OF TESTS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		18.00	18.01	19.00	20.00		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		INTERNS & RESIDENTS					
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PHARMACY PROGRAM (ASSIGNED TIME)	EMERGENCY MED PROGRAM (ASSIGNED TIME)	
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		DIETARY PROGRAM (ASSIGNED TIME)	RADIOLOGIC TECHNOLOGIST (ASSIGNED TIME)	ULTRASOUND TECHNOLOGIST (ASSIGNED TIME)	RADIOTHERAPY TECHNOLOGIST (ASSIGNED TIME)		
		23.03	23.04	23.05	23.06		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Home Health Agency I	

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	3,713,832		3,713,832	11,319	1.00
2.00	Physical Therapy	3.00	1,030,615	0	1,030,615	4,031	2.00
3.00	Occupational Therapy	4.00	260,393	0	260,393	873	3.00
4.00	Speech Pathology	5.00	3,416	0	3,416	8	4.00
5.00	Medical Social Services	6.00	87,563		87,563	271	5.00
6.00	Home Health Aide	7.00	206,827		206,827	1,151	6.00
7.00	Total (sum of lines 1-6)		5,302,646	0	5,302,646	17,653	7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B: Not Subject to Deductibles & Coinsurance	Program Visits Part B: Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care		31540	0	0		8.00
9.00	Physical Therapy		31540	0	0		9.00
10.00	Occupational Therapy		31540	0	0		10.00
11.00	Speech Pathology		31540	0	0		11.00
12.00	Medical Social Services		31540	0	0		12.00
13.00	Home Health Aide		31540	0	0		13.00
14.00	Total (sum of lines 8-13)			0	0		14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	0	0	103,583	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	66.00	0.497861	0	0	1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	2.00
3.00	Speech Pathology	68.00	0.000000	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.577179	0	0	4.00
5.00	Cost of Drugs	73.00	0.470141	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Home Health Agency I	

	Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	328.11	3,261	2,590			1.00
2.00	Physical Therapy	255.67	1,374	1,035			2.00
3.00	Occupational Therapy	298.27	331	290			3.00
4.00	Speech Pathology	427.00	7	5			4.00
5.00	Medical Social Services	323.11	91	122			5.00
6.00	Home Health Aide	179.69	329	596			6.00
7.00	Total (sum of lines 1-6)		5,393	4,638			7.00
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges: Part A	Program Covered Charges: Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	19,866	41,772	0		15.00
16.00	Cost of Drugs	0.000000	0	0	0		16.00

	Cost Center Description	Transfer to Part I as Indicated					
		4.00					
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00					1.00
2.00	Occupational Therapy	col. 2, line 3.00					2.00
3.00	Speech Pathology	col. 2, line 4.00					3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00					4.00
5.00	Cost of Drugs	col. 2, line 16.00					5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Home Health Agency I	

	Cost Center Description	Cost of Services: Part A	Cost of Services: Part B: Not Subject to Deductibles & Coinsurance	Cost of Services: Part B: Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols. 9-10)		
		9.00	10.00	11.00	12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,069,967	849,805		1,919,772		1.00
2.00	Physical Therapy	351,291	264,618		615,909		2.00
3.00	Occupational Therapy	98,727	86,498		185,225		3.00
4.00	Speech Pathology	2,989	2,135		5,124		4.00
5.00	Medical Social Services	29,403	39,419		68,822		5.00
6.00	Home Health Aide	59,118	107,095		166,213		6.00
7.00	Total (sum of lines 1-6)	1,611,495	1,349,570		2,961,065		7.00
	Cost Center Description	10.00	11.00	12.00			
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Cost of Services: Part A	Cost of Services: Part B: Not Subject to Deductibles & Coinsurance	Cost of Services: Part B: Subject to Deductibles & Coinsurance		
		9.00	10.00	11.00		
	Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Home Health Agency I	

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	1,141,242	971,907	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount 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(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	1,141,242	971,907	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,141,242	971,907	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	822,685	681,309	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	37,871	30,752	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	20,079	23,149	13.00
14.00	Total PPS Reimbursement - PEP Episodes	6,665	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	12,844	21,294	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	11,223	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	911,367	756,504	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	911,367	756,504	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	911,367	756,504	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	911,367	756,504	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	911,367	756,504	31.00
32.00	Interim payments (see instructions)	911,367	756,504	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 520098 HHA CCN: 527220	Period: From 07/01/2010 To 06/30/2011	Worksheet H-5 Date/Time Prepared: 1/17/2012 5:36 pm
		Home Health Agency I	

		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		911,367		756,504	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			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			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. H-4, Part II, column as appropriate, line 32)		911,367		756,504	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		911,367		756,504	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 520098	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	6,891,562	1.00
2.00	Capital DRG outlier payments	670,818	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	348.82	3.00
4.00	Number of interns & residents (see instructions)	303.16	4.00
5.00	Indirect medical education percentage (see instructions)	27.80	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	1,915,854	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.96	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	16.47	8.00
9.00	Sum of lines 7 and 8	23.43	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.86	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	334,930	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	9,813,164	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 520098 Component CCN: 52S098	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/17/2012 5:36 pm
	Title XVIII	Subprovider - IPF	PPS

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