

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S Parts I-III Date/Time Prepared: 4/27/2012 12:25 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 4/27/2012 Time: 12:25 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JOHN H. STROGER JR. HOSP OF COOK CTY for the cost reporting period beginning 12/01/2010 and ending 11/30/2011 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

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	935,849	4,842,616	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	935,849	4,842,616	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet S-2 Part I Date/Time Prepared: 4/27/2012 12:17 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1901 WEST HARRISON STREET		PO Box:						1.00		
2.00	City: CHICAGO		State: IL		Zip Code: 60612-3714		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		JOHN H. STROGER JR. HOSP OF COOK CTY		140124	16974	1	07/01/1966	N P O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis		JOHN H. STROGER JR. HOSP DIALYSIS		142313	16794		07/01/1973			18.00
19.00	Other										19.00
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					12/01/2010		11/30/2011		20.00	
21.00	Type of Control (see instructions)							9		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					1		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.		46,000	3,800	0	0	1,600	0	24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		0	0	0	0	0	0	25.00		
							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:		Ending:			
						1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	

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		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	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.	Y			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	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)	N			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	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	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

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		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000		67.00
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0		71.00

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			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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.		Y	B	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.		N		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.			0	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.			0	0119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				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: COOK COUNTY CORPORATE	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street: 118 NORTH CLARK STREET	PO Box:				142.00	
143.00	City: CHICAGO, IL. 60602	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.	N				145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B			
		1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/27/2012 12:17 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
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
			Y/N	Type
			1.00	2.00
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.	N		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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	CORRECT OUTLIERS		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S-2 Part II Date/Time Prepared: 4/27/2012 12:17 pm
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				Y 22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N 23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N 24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N 25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N 26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N 27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N 28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N 29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N 30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N 31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y 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.				Y 33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y 34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N 35.00
					Y/N Date
					1.00 2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				Y 36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				N 37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N 39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N 40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
4/27/2012 12:17 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
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)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center	Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
		Line Number		Avai lable		
		1.00	2.00	3.00	4.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	322	117,530	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)		322	117,530	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	32	11,680	0.00	8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	8	2,920	0.00	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	14	5,110	0.00	11.00
11.01	PEDIATRIC INTENSIVE CARE UNIT	34.01	10	3,650	0.00	11.01
11.02	TRAUMA INTENSIVE CARE UNIT	34.02	12	4,380	0.00	11.02
11.03	NEURO INTENSIVE CARE UNIT	34.03	10	3,650	0.00	11.03
11.04	NEONATAL INTENSIVE CARE UNIT	34.04	52	18,980	0.00	11.04
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY	43.00				13.00
14.00	Total (see instructions)		460	167,900	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)		460			27.00
28.00	Observation Bed Days					28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2012 12:17 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	10,433	27,245	94,052		1.00
2.00 HMO		700	5,700			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	10,433	27,245	94,052		7.00
8.00 INTENSIVE CARE UNIT	0	812	3,815	4,665		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	0	191	432	1,095		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	167	572	960		11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	0	645	645		11.01
11.02 TRAUMA INTENSIVE CARE UNIT	0	342	1,087	1,965		11.02
11.03 NEURO INTENSIVE CARE UNIT	0	355	120	2,041		11.03
11.04 NEONATAL INTENSIVE CARE UNIT	0	0	10,308	10,308		11.04
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,776	1,873		13.00
14.00 Total (see instructions)	0	12,300	46,000	117,604		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	1,731		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2012 12:17 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	2,402	1.00
2.00 HMO					149	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT						11.01
11.02 TRAUMA INTENSIVE CARE UNIT						11.02
11.03 NEURO INTENSIVE CARE UNIT						11.03
11.04 NEONATAL INTENSIVE CARE UNIT						11.04
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	456.34	4,587.03	0.00	0	2,402	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	456.34	4,587.03	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
4/27/2012 12:17 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)	7,637	23,543		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT				11.01
11.02 TRAUMA INTENSIVE CARE UNIT				11.02
11.03 NEURO INTENSIVE CARE UNIT				11.03
11.04 NEONATAL INTENSIVE CARE UNIT				11.04
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	7,637	23,543		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet S-3 Part II Date/Time Prepared: 4/27/2012 12:17 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	335,904,243	0	335,904,243	9,093,471.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		21,689,919	0	21,689,919	227,305.00	4.00
4.01	Physicians - Part A - direct teaching		8,220,821	0	8,220,821	47,273.00	4.01
5.00	Physician-Part B		58,702,925	0	58,702,925	571,114.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	19,624,184	-2,685,216	16,938,968	1,101,674.00	7.00
7.01	Contracted interns and residents (in approved programs)		5,775,974	0	5,775,974	326,435.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		627,751	10,673,101	11,300,852	225,797.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		9,820,964	0	9,820,964	405,235.00	11.00
12.00	Management and administrative services		31,007,565	0	31,007,565	205,361.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		37,964,325	0	37,964,325	681,197.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		65,210,908	0	65,210,908		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		3,364,238	0	3,364,238		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		11,613,190	0	11,613,190		22.00
23.00	Physician Part B		22,792,087	0	22,792,087		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		3,364,238	0	3,364,238		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,667,503	0	1,667,503	43,488.00	26.00
27.00	Administrative & General	5.00	17,831,323	-32,766	17,798,557	663,962.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	3,972,138	0	3,972,138	92,764.00	29.00
30.00	Operation of Plant	7.00	5,517,168	0	5,517,168	189,269.00	30.00
31.00	Laundry & Linen Service	8.00	186,226	0	186,226	8,559.00	31.00
32.00	Housekeeping	9.00	6,471,978	0	6,471,978	358,488.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,690,011	-10,590	2,679,421	131,196.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	790,163	0	790,163	40,410.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,588,326	0	3,588,326	94,710.00	38.00
39.00	Central Services and Supply	14.00	1,474,064	0	1,474,064	71,132.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	2,581,424	0	2,581,424	126,103.00	41.00
42.00	Social Service	17.00	308,254	0	308,254	12,301.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part II Date/Time Prepared: 4/27/2012 12:17 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	36.94	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	95.42	4.00
4.01	Physicians - Part A - direct teaching	173.90	4.01
5.00	Physician-Part B	102.79	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	15.38	7.00
7.01	Contracted interns and residents (in approved programs)	17.69	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	50.05	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	24.24	11.00
12.00	Management and administrative services	150.99	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	55.73	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	38.34	26.00
27.00	Administrative & General	26.81	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	42.82	29.00
30.00	Operation of Plant	29.15	30.00
31.00	Laundry & Linen Service	21.76	31.00
32.00	Housekeeping	18.05	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	20.42	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	19.55	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.89	38.00
39.00	Central Services and Supply	20.72	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	20.47	41.00
42.00	Social Service	25.06	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
4/27/2012 12:17 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	243,580,339	2,685,216	246,265,555	7,046,975.00	1.00
2.00	Excluded area salaries (see instructions)	627,751	10,673,101	11,300,852	225,797.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	242,952,588	-7,987,885	234,964,703	6,821,178.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	78,792,854	0	78,792,854	1,291,793.00	4.00
5.00	Subtotal wage-related costs (see inst.)	76,824,098	0	76,824,098	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	398,569,540	-7,987,885	390,581,655	8,112,971.00	6.00
7.00	Total overhead cost (see instructions)	47,078,578	-43,356	47,035,222	1,832,382.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
4/27/2012 12:17 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	34.95	1.00
2.00	Excluded area salaries (see instructions)	50.05	2.00
3.00	Subtotal salaries (line 1 minus line 2)	34.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	60.99	4.00
5.00	Subtotal wage-related costs (see inst.)	32.70	5.00
6.00	Total (sum of lines 3 thru 5)	48.14	6.00
7.00	Total overhead cost (see instructions)	25.67	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 4/27/2012 12:17 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		40,835,396	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)		48,172,023	8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan		2,871,337	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		781,164	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance		1,328,643	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			0 17.00
18.00	Medicare Taxes - Employers Portion Only		4,988,643	18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes		917,836	20.00
OTHER				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		75,043	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		99,970,085	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED - MALPRACTICE EXP			11,759,733 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
4/27/2012 12:17 pm

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

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-5

Date/Time Prepared:
4/27/2012 12:17 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	84	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.50	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	5.00	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	312	0				5.00
6.00	Number of stations	8	0	0	0		6.00
7.00	Treatment capacity per day per station	4	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable						X

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet S-5

Date/Time Prepared:
4/27/2012 12:17 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet S-10 Date/Time Prepared: 4/27/2012 12:17 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.852440		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		349,249,382		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		386,742,184		6.00
7.00	Medicaid cost (line 1 times line 6)		329,674,507		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		6,307,042		9.00
10.00	Stand-alone SCHIP charges		6,175,494		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		5,264,238		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)		1,473,949		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,166,676		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		1,846,961		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)		373,012		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)		373,012		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	159,610,390	0	159,610,390	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	136,058,281	0	136,058,281	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	136,058,281	0	136,058,281	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)		368,523,173		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		456,466		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		368,066,707		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		313,754,784		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		449,813,065		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		450,186,077		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
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	1,667,503	74,589	1,742,092	99,895,041	101,637,133	4.00
5.00 ADMINISTRATIVE & GENERAL	17,831,323	152,083,694	169,915,017	-89,411,403	80,503,614	5.00
6.00 MAINTENANCE & REPAIRS	3,972,138	11,128	3,983,266	0	3,983,266	6.00
7.00 OPERATION OF PLANT	5,517,168	13,160,727	18,677,895	541,807	19,219,702	7.00
8.00 LAUNDRY & LINEN SERVICE	186,226	1,382,060	1,568,286	0	1,568,286	8.00
9.00 HOUSEKEEPING	6,471,978	981,440	7,453,418	6,531,774	13,985,192	9.00
10.00 DIETARY	2,690,011	2,982,550	5,672,561	-10,590	5,661,971	10.00
11.00 CAFETERIA	790,163	0	790,163	0	790,163	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,588,326	646,219	4,234,545	0	4,234,545	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,474,064	114,537	1,588,601	0	1,588,601	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,581,424	956,850	3,538,274	0	3,538,274	16.00
17.00 SOCIAL SERVICE	308,254	769,256	1,077,510	0	1,077,510	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	1,640,475	1,640,475	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	19,624,184	3,581,474	23,205,658	-6,320,073	16,885,585	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,730,628	287,921	3,018,549	25,521,453	28,540,002	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	55,578,740	11,205,008	66,783,748	-10,657,100	56,126,648	30.00
31.00 INTENSIVE CARE UNIT	8,964,627	52,566	9,017,193	56,302	9,073,495	31.00
33.00 BURN INTENSIVE CARE UNIT	2,652,412	9,609	2,662,021	-82,977	2,579,044	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	3,731,305	50,226	3,781,531	33,767	3,815,298	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	2,548,325	326	2,548,651	-36,777	2,511,874	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	7,027,980	84,220	7,112,200	-179,331	6,932,869	34.02
34.03 NEURO INTENSIVE CARE UNIT	3,706,235	19,549	3,725,784	-624,014	3,101,770	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	11,032,409	131,788	11,164,197	-268,622	10,895,575	34.04
43.00 NURSERY	613,930	3,973	617,903	0	617,903	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	34,628,961	314,013	34,942,974	-2,195,648	32,747,326	50.00
51.00 RECOVERY ROOM	2,535,871	774	2,536,645	0	2,536,645	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,849,471	31,737	2,881,208	681	2,881,889	52.00
53.00 ANESTHESIOLOGY	10,145,833	86,150	10,231,983	-5,325,457	4,906,526	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,532,792	5,460,093	19,992,885	-524,630	19,468,255	54.00
60.00 LABORATORY	15,818,330	4,263,273	20,081,603	-442,402	19,639,201	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,242,733	3,672,946	4,915,679	0	4,915,679	62.00
64.00 INTRAVENOUS THERAPY	769,107	0	769,107	0	769,107	64.00
65.00 RESPIRATORY THERAPY	6,185,407	590,282	6,775,689	-112,181	6,663,508	65.00
66.00 PHYSICAL THERAPY	735,879	6,332	742,211	0	742,211	66.00
67.00 OCCUPATIONAL THERAPY	233,304	372	233,676	0	233,676	67.00
68.00 SPEECH PATHOLOGY	264,342	127,827	392,169	0	392,169	68.00
69.00 ELECTROCARDIOLOGY	4,961,704	343,026	5,304,730	-194,474	5,110,256	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,294,148	27,294,148	-4,014,411	23,279,737	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,014,411	4,014,411	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	53,147,678	53,147,678	-7,038	53,140,640	73.00
74.00 RENAL DIALYSIS	2,853,961	96,273	2,950,234	0	2,950,234	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	44,596,437	22,191,723	66,788,160	-27,849,261	38,938,899	90.00
91.00 EMERGENCY	27,633,007	273,822	27,906,829	-1,290,473	26,616,356	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	335,276,492	306,490,179	641,766,671	-11,311,151	630,455,520	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	627,751	48,943	676,694	0	676,694	190.01
190.02 ACHN SATELITTE CLINICS	0	0	0	10,513,363	10,513,363	190.02
190.03 SPECIAL FUNDS	0	0	0	797,788	797,788	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
200.00 TOTAL (SUM OF LINES 118-199)	335,904,243	306,539,122	642,443,365	0	642,443,365	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A
Date/Time Prepared:
4/27/2012 12:17 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	46,258,381	46,258,381	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,438,433	3,438,433	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	9,750,403	111,387,536	4.00
5.00	ADMINISTRATIVE & GENERAL	61,349,868	141,853,482	5.00
6.00	MAINTENANCE & REPAIRS	0	3,983,266	6.00
7.00	OPERATION OF PLANT	-2,570,504	16,649,198	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,568,286	8.00
9.00	HOUSEKEEPING	0	13,985,192	9.00
10.00	DIETARY	0	5,661,971	10.00
11.00	CAFETERIA	-396,682	393,481	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	4,234,545	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,588,601	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-106,827	3,431,447	16.00
17.00	SOCIAL SERVICE	0	1,077,510	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-1,640,475	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	16,885,585	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-16,785,575	11,754,427	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-21,136,685	34,989,963	30.00
31.00	INTENSIVE CARE UNIT	-504,113	8,569,382	31.00
33.00	BURN INTENSIVE CARE UNIT	-906,693	1,672,351	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	-181,145	3,634,153	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	-623,302	1,888,572	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	-1,719,465	5,213,404	34.02
34.03	NEURO INTENSIVE CARE UNIT	-766,384	2,335,386	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	-3,001,652	7,893,923	34.04
43.00	NURSERY	0	617,903	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-9,431,911	23,315,415	50.00
51.00	RECOVERY ROOM	0	2,536,645	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,881,889	52.00
53.00	ANESTHESIOLOGY	-4,442,278	464,248	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-6,983,763	12,484,492	54.00
60.00	LABORATORY	-4,396,585	15,242,616	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,915,679	62.00
64.00	INTRAVENOUS THERAPY	0	769,107	64.00
65.00	RESPIRATORY THERAPY	-2,138,196	4,525,312	65.00
66.00	PHYSICAL THERAPY	0	742,211	66.00
67.00	OCCUPATIONAL THERAPY	0	233,676	67.00
68.00	SPEECH PATHOLOGY	0	392,169	68.00
69.00	ELECTROCARDIOLOGY	-2,031,692	3,078,564	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,279,737	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,014,411	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,598,542	77,739,182	73.00
74.00	RENAL DIALYSIS	0	2,950,234	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-8,685,499	30,253,400	90.00
91.00	EMERGENCY	-2,744,210	23,872,146	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	54,201,991	684,657,511	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	DENTISTRY	0	676,694	190.01
190.02	ACHN SATELITE CLINICS	0	10,513,363	190.02
190.03	SPECIAL FUNDS	0	797,788	190.03
191.00	RESEARCH	0	0	191.00
200.00	TOTAL (SUM OF LINES 118-199)	54,201,991	696,645,356	200.00

RECLASSIFICATIONS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
4/27/2012 12:17 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASS FRINGE BENEFITS TO EHW					
1.00	EMPLOYEE BENEFITS	4.00	0	99,895,041	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	99,895,041	
B - TO RECLASS UTILITES INTO OPER OF PL.					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,002,273	1.00
2.00	OPERATION OF PLANT	7.00	0	541,807	2.00
3.00	HOUSEKEEPING	9.00	0	6,531,774	3.00
	TOTALS		0	10,075,854	
C - SAL OF NON RESIDENTS MOVED TO OTHER					
1.00	I&R SERVICES-OTHER PRGM	22.00	912,567	0	1.00
	COSTS APPRVD				
	TOTALS		912,567	0	
D - TRANSFER MOONLIGHTING TO ER					
1.00	EMERGENCY	91.00	1,772,649	0	1.00
	TOTALS		1,772,649	0	
E - TO RECLASSIFY I/R OTHER COST					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	10,587,134	1.00
	COSTS APPRVD				
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	10,587,134	
F - TO ALLOCATE PEDS ALGY & PSYCH TO INP					
1.00	ADULTS & PEDIATRICS	30.00	236,516	3,367	1.00
	TOTALS		236,516	3,367	
G - TO TRANSFER DIETARY SAL TO CLINIC					
1.00	LABORATORY	60.00	10,590	0	1.00
	TOTALS		10,590	0	
H - TO ALLOCATE REGISTRY AND IN-HOUSE NSG					
1.00	INTENSIVE CARE UNIT	31.00	0	120,450	1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	0	20,230	2.00
3.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	33,767	3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	2,174	4.00
5.00	TRAUMA INTENSIVE CARE UNIT	34.02	0	75,044	5.00
6.00	NEURO INTENSIVE CARE UNIT	34.03	0	25,233	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	492	189	7.00
8.00	EMERGENCY	91.00	0	437,517	8.00
	TOTALS		492	714,604	
I - TO RECLASS NON-PHY ANESTH TO PRP GRP					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	1,640,475	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		1,640,475	0	
J - TO RECLASS HEKTOEN COST TO RESRCH.					
1.00	SPECIAL FUNDS	190.03	797,788	0	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
	TOTALS		797,788	0	
K - TO RECLASS COST OF IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,014,411	1.00
	TOTALS		0	4,014,411	
L - TO RECLASS 7 MTHS OF OUTR CL TO NON					
1.00	ACHN SATELLITE CLINICS	190.02	9,875,313	638,050	1.00
	TOTALS		9,875,313	638,050	
M - TO RECLASS HBP TEACHING TIME					
1.00	I&R SERVICES-OTHER PRGM	22.00	14,021,752	0	1.00
	COSTS APPRVD				
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

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
4/27/2012 12:17 pm

Increases				
Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00	
TOTALS		14,021,752	0	
500.00	Grand Total: Increases	29,268,142	125,928,461	500.00

RECLASSIFICATIONS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6
Date/Time Prepared:
4/27/2012 12:17 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - TO RECLASS FRINGE BENEFITS TO EHW							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	87,144,370	0		1.00
2.00	CLINIC	90.00	0	12,750,671	0		2.00
	TOTALS		0	99,895,041			
B - TO RECLASS UTILITES INTO OPER OF PL.							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,236,540	0		1.00
2.00	ANESTHESIOLOGY	53.00	0	1,053,234	0		2.00
3.00	CLINIC	90.00	0	3,786,080	0		3.00
	TOTALS		0	10,075,854			
C - SAL OF NON RESIDENTS MOVED TO OTHER							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	912,567	0	0		1.00
	TOTALS		912,567	0			
D - TRANSFER MOONLIGHTING TO ER							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,772,649	0	0		1.00
	TOTALS		1,772,649	0			
E - TO RECLASSIFY I/R OTHER COST							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	3,634,857	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,837,518	0		2.00
3.00	LABORATORY	60.00	0	114,759	0		3.00
	TOTALS		0	10,587,134			
F - TO ALLOCATE PEDS ALGY & PSYCH TO INP							
1.00	CLINIC	90.00	236,516	3,367	0		1.00
	TOTALS		236,516	3,367			
G - TO TRANSFER DIETARY SAL TO CLINIC							
1.00	DIETARY	10.00	10,590	0	0		1.00
	TOTALS		10,590	0			
H - TO ALLOCATE REGSTRY AND IN-HOUSE NSG							
1.00	ADULTS & PEDIATRICS	30.00	492	714,604	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
	TOTALS		492	714,604			
I - TO RECLASS NON-PHY ANESTH TO PRP GRP							
1.00	ANESTHESIOLOGY	53.00	1,598,054	0	0		1.00
2.00	OPERATING ROOM	50.00	42,421	0	0		2.00
	TOTALS		1,640,475	0			
J - TO RECLASS HEKTOEN COST TO RESRCH.							
1.00	ADMINISTRATIVE & GENERAL	5.00	32,766	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	688,151	0	0		2.00
3.00	ANESTHESIOLOGY	53.00	21,535	0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	7,038	0	0		4.00
5.00	CLINIC	90.00	48,298	0	0		5.00
	TOTALS		797,788	0			
K - TO RECLASS COST OF IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,014,411	0		1.00
	TOTALS		0	4,014,411			
L - TO RECLASS 7 MTHS OF OUTR CL TO NON							
1.00	CLINIC	90.00	9,875,313	638,050	0		1.00
	TOTALS		9,875,313	638,050			
M - TO RECLASS HBP TEACHING TIME							
1.00	ADULTS & PEDIATRICS	30.00	2,656,218	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	64,148	0	0		2.00
3.00	BURN INTENSIVE CARE UNIT	33.00	103,207	0	0		3.00
4.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	38,951	0	0		4.00
5.00	TRAUMA INTENSIVE CARE UNIT	34.02	254,375	0	0		5.00
6.00	NEURO INTENSIVE CARE UNIT	34.03	649,247	0	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	34.04	268,622	0	0		7.00
8.00	OPERATING ROOM	50.00	2,153,227	0	0		8.00
9.00	ANESTHESIOLOGY	53.00	2,652,634	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	524,630	0	0		10.00
11.00	LABORATORY	60.00	338,233	0	0		11.00
12.00	RESPIRATORY THERAPY	65.00	112,181	0	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	194,474	0	0		13.00
14.00	CLINIC	90.00	510,966	0	0		14.00
15.00	EMERGENCY	91.00	3,500,639	0	0		15.00

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-6

Date/Time Prepared:
4/27/2012 12:17 pm

Decreases					Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
TOTALS		14,021,752	0			
500.00	Grand Total: Decreases		29,268,142	125,928,461		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/27/2012 12:17 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	502,201,386	0	0	0	502,201,386	3.00
4.00	Building Improvements	28,150,785	615,743	0	615,743	28,766,528	4.00
5.00	Fixed Equipment	121,030,885	3,887,089	0	3,887,089	124,917,974	5.00
6.00	Movable Equipment	9,624,828	685,478	0	685,478	10,310,306	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	661,007,884	5,188,310	0	5,188,310	666,196,194	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	661,007,884	5,188,310	0	5,188,310	666,196,194	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
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			ALLOCATION OF OTHER CAPITAL	Insurance	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
		1.00	2.00	3.00	4.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/27/2012 12:17 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	0	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	0	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	0	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,854,386	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,438,433	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,292,819	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	31,403,995	0	0	0	46,258,381	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,438,433	2.00
3.00	Total (sum of lines 1-2)	31,403,995	0	0	0	49,696,814	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)	B	-2,570,504	OPERATION OF PLANT		7.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-84,002,655				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-19,385	ADMINISTRATIVE & GENERAL		5.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	2,501,267				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-396,682	CAFETERIA		11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-263,989	LABORATORY		60.00	16.00
17.00 Sale of drugs to other than patients	B	-1,608	DRUGS CHARGED TO PATIENTS		73.00	17.00
18.00 Sale of medical records and abstracts	B	-106,827	MEDICAL RECORDS & LIBRARY		16.00	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		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	14,854,386	CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	3,438,433	CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist	A	-1,640,475	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		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00		0			0.00	33.00
33.01 MISCELLANEOUS INCOME	B	-57,562	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 OTHER INCOME	B	-13,647	ADMINISTRATIVE & GENERAL		5.00	33.02
33.03		0			0.00	33.03
33.04 COUNTY ADJ. FOR HOSPITAL BOND INT.	A	31,403,995	CAP REL COSTS-BLDG & FIXT		1.00	33.04
33.05		0			0.00	33.05
33.06 SYSTEM HEALTH & HOSPITAL ADMNSTN.	A	59,893,129	ADMINISTRATIVE & GENERAL		5.00	33.06
33.07 SYSTEM HEALTH & HOSPITAL PHARMCY.	A	24,600,150	DRUGS CHARGED TO PATIENTS		73.00	33.07
33.08 SYSTEM HEALTH & HOSPITAL BENEFITS	A	8,796,469	EMPLOYEE BENEFITS		4.00	33.08
33.09		0			0.00	33.09
33.10 RESIDENCY PROGRAM REIMBURSEMENT.	B	-302,397	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	33.10
33.11		0			0.00	33.11
33.12 TO OFFSET PHYSICIAN PART C TIME	A	-32,470	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	33.12
33.13 TO OFFSET PHYSICIAN PART C TIME	A	-588,244	ADULTS & PEDIATRICS		30.00	33.13
33.14 TO OFFSET PHYSICIAN PART C TIME	A	-27,935	BURN INTENSIVE CARE UNIT		33.00	33.14
33.15 TO OFFSET PHYSICIAN PART C TIME	A	-14,220	PEDIATRIC INTENSIVE CARE UNIT		34.01	33.15
33.16 TO OFFSET PHYSICIAN PART C TIME	A	-4,218	TRAUMA INTENSIVE CARE UNIT		34.02	33.16
33.17 TO OFFSET PHYSICIAN PART C TIME	A	-112,765	NEONATAL INTENSIVE CARE UNIT		34.04	33.17
33.18 TO OFFSET PHYSICIAN PART C TIME	A	-114,833	OPERATING ROOM		50.00	33.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8

Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
33.19 TO OFFSET PHYSICIAN PART C TIME	A	-145,328	ANESTHESIOLOGY	53.00	33.19
33.20 TO OFFSET PHYSICIAN PART C TIME	A	-55,558	RADIOLOGY-DIAGNOSTIC	54.00	33.20
33.21 TO OFFSET PHYSICIAN PART C TIME	A	-57,081	LABORATORY	60.00	33.21
33.22 TO OFFSET PHYSICIAN PART C TIME	A	-48,893	RESPIRATORY THERAPY	65.00	33.22
33.23 TO OFFSET PHYSICIAN PART C TIME	A	-1,920	ELECTROCARDIOLOGY	69.00	33.23
33.24 TO OFFSET PHYSICIAN PART C TIME	A	-359,985	CLINIC	90.00	33.24
33.25 TO OFFSET PHYSICIAN PART C TIME	A	-110,656	CLINIC	90.00	33.25
33.26 TO OFFSET PHYSICIAN PART C TIME	A	-236,001	EMERGENCY	91.00	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.)		54,201,991			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8

Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	9	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		0	33.00
33.01	MISCELLANEOUS INCOME	0	33.01
33.02	OTHER INCOME	0	33.02
33.03		0	33.03
33.04	COUNTY ADJ. FOR HOSPITAL BOND INT.	11	33.04
33.05		0	33.05
33.06	SYSTEM HEALTH & HOSPITAL ADMINSTN.	0	33.06
33.07	SYSTEM HEALTH & HOSPITAL PHARMCY.	0	33.07
33.08	SYSTEM HEALTH & HOSPITAL BENEFITS	0	33.08
33.09		0	33.09
33.10	RESIDENCY PROGRAM REIMBURSEMNT.	0	33.10
33.11		0	33.11
33.12	TO OFFSET PHYSICIAN PART C TIME	0	33.12
33.13	TO OFFSET PHYSICIAN PART C TIME	0	33.13
33.14	TO OFFSET PHYSICIAN PART C TIME	0	33.14
33.15	TO OFFSET PHYSICIAN PART C TIME	0	33.15
33.16	TO OFFSET PHYSICIAN PART C TIME	0	33.16
33.17	TO OFFSET PHYSICIAN PART C TIME	0	33.17
33.18	TO OFFSET PHYSICIAN PART C TIME	0	33.18
33.19	TO OFFSET PHYSICIAN PART C TIME	0	33.19
33.20	TO OFFSET PHYSICIAN PART C TIME	0	33.20
33.21	TO OFFSET PHYSICIAN PART C TIME	0	33.21
33.22	TO OFFSET PHYSICIAN PART C TIME	0	33.22
33.23	TO OFFSET PHYSICIAN PART C TIME	0	33.23
33.24	TO OFFSET PHYSICIAN PART C TIME	0	33.24
33.25	TO OFFSET PHYSICIAN PART C TIME	0	33.25
33.26	TO OFFSET PHYSICIAN PART C TIME	0	33.26
33.27		0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8

Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description		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: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-1

Date/Time Prepared:
4/27/2012 12:17 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	STOREROOM	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PAYROLL	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	GENERAL ACCOUNTING	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	COUNTY COSTS ALLOCATED TO CCHHS	4.00
4.01	4.00	EMPLOYEE BENEFITS	COUNTY COSTS ALLOCATED TO CCHHS	4.01
4.02	0.00			4.02
4.03	0.00			4.03
4.04	0.00			4.04
4.05	0.00			4.05
4.06	0.00			4.06
4.07	0.00			4.07
4.08	0.00			4.08
4.09	0.00			4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	G	O. F. PROV &	0.00	6.00
7.00	G	SPECIAL FUNDS	0.00	7.00
8.00	G	COOK CTY GOVNMNT	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: 140124

Period: From 12/01/2010 To 11/30/2011

Worksheet A-8-1

Date/Time Prepared: 4/27/2012 12:17 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	1,784,445	1,802,910	-18,465	0	1.00
2.00	165,004	173,985	-8,981	0	2.00
3.00	380,208	395,984	-15,776	0	3.00
4.00	1,590,555	0	1,590,555	0	4.00
4.01	953,934	0	953,934	0	4.01
4.02	0	0	0	0	4.02
4.03	0	0	0	0	4.03
4.04	0	0	0	0	4.04
4.05	0	0	0	0	4.05
4.06	0	0	0	0	4.06
4.07	0	0	0	0	4.07
4.08	0	0	0	0	4.08
4.09	0	0	0	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	4,874,146	2,372,879	2,501,267	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		OUTRCH CLINICS	0.00	NOT HOSP BASED	6.00
7.00			0.00		7.00
8.00		BUDGET, COMPTLR	0.00	TREAS, ST ATRNY	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: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
4/27/2012 12:17 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	22.00	COST CENTER DESCRIPTION	23,114,284	12,223,733	1.00
2.00	30.00	COST CENTER DESCRIPTION	27,263,252	18,234,114	2.00
3.00	31.00	COST CENTER DESCRIPTION	794,030	397,477	3.00
4.00	33.00	COST CENTER DESCRIPTION	1,052,031	754,639	4.00
5.00	34.00	COST CENTER DESCRIPTION	235,685	150,646	5.00
6.00	34.01	COST CENTER DESCRIPTION	776,598	568,541	6.00
7.00	34.02	COST CENTER DESCRIPTION	1,991,138	1,574,379	7.00
8.00	34.03	COST CENTER DESCRIPTION	931,896	646,431	8.00
9.00	34.04	COST CENTER DESCRIPTION	3,762,379	2,772,225	9.00
10.00	50.00	COST CENTER DESCRIPTION	11,517,909	8,491,278	10.00
11.00	53.00	COST CENTER DESCRIPTION	5,753,329	3,489,144	11.00
12.00	54.00	COST CENTER DESCRIPTION	7,736,830	6,542,185	12.00
13.00	60.00	COST CENTER DESCRIPTION	5,407,126	3,975,534	13.00
14.00	65.00	COST CENTER DESCRIPTION	2,877,522	1,956,994	14.00
15.00	69.00	COST CENTER DESCRIPTION	2,326,039	1,796,506	15.00
16.00	90.00	COST CENTER DESCRIPTION	6,967,588	5,238,612	16.00
17.00	90.00	COST CENTER DESCRIPTION	3,128,941	2,603,909	17.00
18.00	91.00	COST CENTER DESCRIPTION	5,511,254	1,167,802	18.00
200.00			111,147,831	72,584,149	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
4/27/2012 12:17 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	10,890,551	177,200	68,988	5,877,247	293,862	1.00
2.00	9,029,138	177,200	71,167	6,062,881	303,144	2.00
3.00	396,553	177,200	3,067	261,285	13,064	3.00
4.00	297,392	208,000	1,518	151,800	7,590	4.00
5.00	85,039	208,000	484	48,400	2,420	5.00
6.00	208,057	177,200	1,790	152,494	7,625	6.00
7.00	416,759	208,000	2,458	245,800	12,290	7.00
8.00	285,465	208,000	1,449	144,900	7,245	8.00
9.00	990,154	177,200	9,414	802,000	40,100	9.00
10.00	3,026,631	208,000	19,823	1,982,300	99,115	10.00
11.00	2,264,185	200,300	13,426	1,292,898	64,645	11.00
12.00	1,194,645	225,300	6,669	722,368	36,118	12.00
13.00	1,431,592	215,700	11,844	1,228,246	61,412	13.00
14.00	920,528	200,300	7,495	721,754	36,088	14.00
15.00	529,533	165,600	3,241	258,033	12,902	15.00
16.00	1,728,976	177,200	15,205	1,295,349	64,767	16.00
17.00	525,032	177,200	4,972	423,576	21,179	17.00
18.00	4,343,452	177,200	31,569	2,689,436	134,472	18.00
200.00	38,563,682		274,579	24,360,767	1,218,038	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2

Date/Time Prepared:
4/27/2012 12:17 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	1,668,918	786,329	6,663,576	1.00
2.00	0	0	1,968,485	651,930	6,714,811	2.00
3.00	0	0	57,331	28,632	289,917	3.00
4.00	0	0	75,960	21,473	173,273	4.00
5.00	0	0	17,017	6,140	54,540	5.00
6.00	0	0	56,073	15,022	167,516	6.00
7.00	0	0	143,766	30,091	275,891	7.00
8.00	0	0	67,286	20,612	165,512	8.00
9.00	0	0	271,655	71,492	873,492	9.00
10.00	0	0	831,626	218,531	2,200,831	10.00
11.00	0	0	415,407	163,481	1,456,379	11.00
12.00	0	0	558,621	86,257	808,625	12.00
13.00	0	0	390,410	103,365	1,331,611	13.00
14.00	0	0	207,765	66,465	788,219	14.00
15.00	0	0	167,947	38,234	296,267	15.00
16.00	0	0	503,080	124,837	1,420,186	16.00
17.00	0	0	225,919	37,909	461,485	17.00
18.00	0	0	397,928	313,609	3,003,045	18.00
200.00	0	0	8,025,194	2,784,409	27,145,176	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet A-8-2
Date/Time Prepared:
4/27/2012 12:17 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	4,226,975	16,450,708	1.00
2.00	2,314,327	20,548,441	2.00
3.00	106,636	504,113	3.00
4.00	124,119	878,758	4.00
5.00	30,499	181,145	5.00
6.00	40,541	609,082	6.00
7.00	140,868	1,715,247	7.00
8.00	119,953	766,384	8.00
9.00	116,662	2,888,887	9.00
10.00	825,800	9,317,078	10.00
11.00	807,806	4,296,950	11.00
12.00	386,020	6,928,205	12.00
13.00	99,981	4,075,515	13.00
14.00	132,309	2,089,303	14.00
15.00	233,266	2,029,772	15.00
16.00	308,790	5,547,402	16.00
17.00	63,547	2,667,456	17.00
18.00	1,340,407	2,508,209	18.00
200.00	11,418,506	84,002,655	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	46,258,381	46,258,381				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	3,438,433		3,438,433			2.00
4.00 EMPLOYEE BENEFITS	111,387,536	399,846	2,294	111,789,676		4.00
5.00 ADMINISTRATIVE & GENERAL	141,853,482	7,243,867	136,977	9,522,662	158,756,988	5.00
6.00 MAINTENANCE & REPAIRS	3,983,266	964,114	18,019	1,235,383	6,200,782	6.00
7.00 OPERATION OF PLANT	16,649,198	15,501,528	18,458	1,715,905	33,885,089	7.00
8.00 LAUNDRY & LINEN SERVICE	1,568,286	372,201	473	57,919	1,998,879	8.00
9.00 HOUSEKEEPING	13,985,192	319,312	7,495	2,012,863	16,324,862	9.00
10.00 DIETARY	5,661,971	21,381	776	836,626	6,520,754	10.00
11.00 CAFETERIA	393,481	893,325	0	242,457	1,529,263	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,234,545	199,052	52,492	1,116,012	5,602,101	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,588,601	782,111	106,575	458,452	2,935,739	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,431,447	570,404	2,200	802,854	4,806,905	16.00
17.00 SOCIAL SERVICE	1,077,510	76,818	390	95,871	1,250,589	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	16,885,585	22,060	1,847	5,268,222	22,177,714	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	11,754,427	0	0	5,494,010	17,248,437	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	34,989,963	5,721,112	127,455	16,319,037	57,157,567	30.00
31.00 INTENSIVE CARE UNIT	8,569,382	595,586	4,600	2,768,156	11,937,724	31.00
33.00 BURN INTENSIVE CARE UNIT	1,672,351	127,139	3,215	792,833	2,595,538	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	3,634,153	200,326	0	1,160,481	4,994,960	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	1,888,572	141,131	4,880	780,445	2,815,028	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	5,213,404	481,632	8,300	2,106,672	7,810,008	34.02
34.03 NEURO INTENSIVE CARE UNIT	2,335,386	100,641	0	950,760	3,386,787	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	7,893,923	256,634	32,502	3,347,667	11,530,726	34.04
43.00 NURSERY	617,903	183,595	0	190,940	992,438	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	23,315,415	1,469,504	933,296	10,087,150	35,805,365	50.00
51.00 RECOVERY ROOM	2,536,645	283,557	1,125	788,686	3,610,013	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,881,889	280,945	0	886,373	4,049,207	52.00
53.00 ANESTHESIOLOGY	464,248	97,987	72,064	1,826,763	2,461,062	53.00
54.00 RADIOLOGY-DIAGNOSTIC	12,484,492	1,558,637	589,932	4,356,706	18,989,767	54.00
60.00 LABORATORY	15,242,616	1,632,568	39,676	4,817,790	21,732,650	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	4,915,679	58,559	1,262	386,505	5,362,005	62.00
64.00 INTRAVENOUS THERAPY	769,107	210,305	0	239,202	1,218,614	64.00
65.00 RESPIRATORY THERAPY	4,525,312	116,947	314,499	1,888,846	6,845,604	65.00
66.00 PHYSICAL THERAPY	742,211	94,505	0	228,867	1,065,583	66.00
67.00 OCCUPATIONAL THERAPY	233,676	94,144	0	72,560	400,380	67.00
68.00 SPEECH PATHOLOGY	392,169	42,358	875	82,214	517,616	68.00
69.00 ELECTROCARDIOLOGY	3,078,564	443,457	187,394	1,482,666	5,192,081	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	23,279,737	0	0	4,358,844	27,638,581	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	4,014,411	0	0	0	4,014,411	72.00
73.00 DRUGS CHARGED TO PATIENTS	77,739,182	243,810	624,918	0	78,607,910	73.00
74.00 RENAL DIALYSIS	2,950,234	49,386	9,355	887,616	3,896,591	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	30,253,400	2,594,728	70,119	10,551,189	43,469,436	90.00
91.00 EMERGENCY	23,872,146	1,315,974	60,834	8,056,771	33,305,725	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	684,657,511	45,761,186	3,434,297	108,274,975	680,641,479	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	676,694	96,479	177	195,238	968,588	190.01
190.02 ACHN SATELLITE CLINICS	10,513,363	85,778	3,959	3,071,341	13,674,441	190.02
190.03 SPECIAL FUNDS	797,788	314,938	0	248,122	1,360,848	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	696,645,356	46,258,381	3,438,433	111,789,676	696,645,356	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	158,756,988					5.00
6.00	MAINTENANCE & REPAIRS	1,830,155	8,030,937				6.00
7.00	OPERATION OF PLANT	10,001,150	3,306,506	47,192,745			7.00
8.00	LAUNDRY & LINEN SERVICE	589,967	79,391	793,046	3,461,283		8.00
9.00	HOUSEKEEPING	4,818,267	68,110	680,355	124,799	22,016,393	9.00
10.00	DIETARY	1,924,594	4,561	45,556	24,089	21,938	10.00
11.00	CAFETERIA	451,360	190,548	1,903,401	0	916,593	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,653,455	42,458	424,119	0	204,237	13.00
14.00	CENTRAL SERVICES & SUPPLY	866,480	166,826	1,666,437	31,018	802,482	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,418,753	121,668	1,215,355	0	585,261	16.00
17.00	SOCIAL SERVICE	369,110	16,385	163,676	0	78,819	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	6,545,730	4,706	47,004	0	22,635	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,090,859	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,869,999	1,220,324	12,189,923	940,894	5,870,122	30.00
31.00	INTENSIVE CARE UNIT	3,523,407	127,040	1,269,009	186,062	611,098	31.00
33.00	BURN INTENSIVE CARE UNIT	766,070	27,119	270,893	80,071	130,450	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,474,257	42,730	426,833	0	205,544	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	830,853	30,103	300,706	0	144,807	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	2,305,116	102,733	1,026,210	193,509	494,177	34.02
34.03	NEURO INTENSIVE CARE UNIT	999,607	21,467	214,435	15,894	103,262	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	3,403,282	54,741	546,808	140,093	263,318	34.04
43.00	NURSERY	292,917	39,161	391,185	0	188,377	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,567,918	313,448	3,131,061	812,249	1,507,779	50.00
51.00	RECOVERY ROOM	1,065,492	60,483	604,172	0	290,942	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,195,119	59,926	598,607	106,859	288,262	52.00
53.00	ANESTHESIOLOGY	726,380	20,901	208,780	20,403	100,539	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,604,811	332,460	3,320,976	214,513	1,599,233	54.00
60.00	LABORATORY	6,414,370	348,230	3,478,499	0	1,675,090	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,582,590	12,491	124,770	0	60,084	62.00
64.00	INTRAVENOUS THERAPY	359,673	44,859	448,096	0	215,783	64.00
65.00	RESPIRATORY THERAPY	2,020,473	24,945	249,178	0	119,993	65.00
66.00	PHYSICAL THERAPY	314,506	20,158	201,360	27,561	96,966	66.00
67.00	OCCUPATIONAL THERAPY	118,172	20,081	200,591	0	96,596	67.00
68.00	SPEECH PATHOLOGY	152,774	9,035	90,253	0	43,462	68.00
69.00	ELECTROCARDIOLOGY	1,532,438	94,590	944,869	69,877	455,007	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,157,500	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1,184,849	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	23,200,819	52,005	519,484	0	250,160	73.00
74.00	RENAL DIALYSIS	1,150,075	10,534	105,227	0	50,672	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	12,829,961	553,461	5,528,566	0	2,662,310	90.00
91.00	EMERGENCY	9,830,151	280,700	2,803,935	473,392	1,350,250	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	154,033,459	7,924,884	46,133,375	3,461,283	21,506,248	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	DENTISTRY	285,878	20,579	205,568	0	98,992	190.01
190.02	ACHN SATELLITE CLINICS	4,035,998	18,297	182,767	0	88,012	190.02
190.03	SPECIAL FUNDS	401,653	67,177	671,035	0	323,141	190.03
191.00	RESEARCH	0	0	0	0	0	191.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	158,756,988	8,030,937	47,192,745	3,461,283	22,016,393	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	8,541,492					10.00
11.00 CAFETERIA	0	4,991,165				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	67,447	0	7,993,817		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	50,082	0	0	6,519,064	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	87,935	0	0	0	16.00
17.00 SOCIAL SERVICE	0	8,575	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	547,519	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	149,987	0	0	643	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,808,442	697,696	0	1,711,438	283,023	30.00
31.00 INTENSIVE CARE UNIT	374,737	140,218	0	486,656	238,064	31.00
33.00 BURN INTENSIVE CARE UNIT	70,422	33,450	0	103,958	92,952	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	135,870	59,923	0	202,003	239,292	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	54,826	38,054	0	117,547	486	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	124,222	103,271	0	308,489	229,933	34.02
34.03 NEURO INTENSIVE CARE UNIT	122,044	42,557	0	126,096	56,872	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	0	146,375	0	420,906	9,311	34.04
43.00 NURSERY	0	14,963	0	55,183	34,476	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	545,174	0	1,547,624	2,976,280	50.00
51.00 RECOVERY ROOM	0	43,737	0	161,244	1,192	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	56,283	0	203,417	225,521	52.00
53.00 ANESTHESIOLOGY	0	49,722	0	82,857	246,897	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	219,131	0	63,375	151,801	54.00
60.00 LABORATORY	0	332,344	0	0	79,420	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	30,040	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	11,352	0	41,841	0	64.00
65.00 RESPIRATORY THERAPY	0	110,335	0	9,081	169,552	65.00
66.00 PHYSICAL THERAPY	0	15,668	0	0	67,599	66.00
67.00 OCCUPATIONAL THERAPY	0	4,762	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	6,445	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	81,849	0	56,029	445,910	69.00
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	265,458	0	0	0	73.00
74.00 RENAL DIALYSIS	0	41,334	0	88,734	80,038	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	270,147	567,618	0	979,677	209,752	90.00
91.00 EMERGENCY	580,782	406,280	0	974,773	589,796	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,541,492	4,975,584	0	7,740,928	6,428,810	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	0	8,445	0	0	64,325	190.01
190.02 ACHN SATELITTE CLINICS	0	0	0	252,889	25,929	190.02
190.03 SPECIAL FUNDS	0	7,136	0	0	0	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	8,541,492	4,991,165	0	7,993,817	6,519,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY	0				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	8,235,877			16.00
17.00 SOCIAL SERVICE	0	0	1,887,154		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	2,153,828	571,052	0	30.00
31.00 INTENSIVE CARE UNIT	0	106,842	46,574	0	31.00
33.00 BURN INTENSIVE CARE UNIT	0	25,078	23,186	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	22,008	34,947	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	14,759	23,186	0	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	0	44,997	34,947	0	34.02
34.03 NEURO INTENSIVE CARE UNIT	0	46,760	34,947	0	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	0	236,085	34,947	0	34.04
43.00 NURSERY	0	42,907	0	0	43.00
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
60.00 LABORATORY	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
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	58,972	69,895	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	3,050,299	664,000	0	90.00
91.00 EMERGENCY	0	2,433,342	349,473	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	8,235,877	1,887,154	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 DENTISTRY	0	0	0	0	190.01
190.02 ACHN SATELLITE CLINICS	0	0	0	0	190.02
190.03 SPECIAL FUNDS	0	0	0	0	190.03
191.00 RESEARCH	0	0	0	0	191.00
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)	0	8,235,877	1,887,154	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
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
19.00 NONPHYSICIAN ANESTHETISTS						19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	29,345,308					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	22,489,926				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,468,971	5,724,138	119,667,417	-13,193,109	106,474,308	30.00
31.00 INTENSIVE CARE UNIT	1,115,487	854,897	21,017,815	-1,970,384	19,047,431	31.00
33.00 BURN INTENSIVE CARE UNIT	221,180	169,510	4,609,877	-390,690	4,219,187	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	308,757	236,628	8,383,752	-545,385	7,838,367	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	139,356	106,801	4,616,512	-246,157	4,370,355	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	0	0	12,777,612	0	12,777,612	34.02
34.03 NEURO INTENSIVE CARE UNIT	34,519	26,455	5,231,702	-60,974	5,170,728	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	580,437	444,841	17,811,870	-1,025,278	16,786,592	34.04
43.00 NURSERY	174,515	133,746	2,359,868	-308,261	2,051,607	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,065,399	3,882,067	66,154,364	-8,947,466	57,206,898	50.00
51.00 RECOVERY ROOM	0	0	5,837,275	0	5,837,275	51.00
52.00 DELIVERY ROOM & LABOR ROOM	290,858	222,910	7,296,969	-513,768	6,783,201	52.00
53.00 ANESTHESIOLOGY	1,981,029	1,518,239	7,416,809	-3,499,268	3,917,541	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,390,364	1,065,560	32,951,991	-2,455,924	30,496,067	54.00
60.00 LABORATORY	343,276	263,083	34,666,962	-606,359	34,060,603	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7,171,980	0	7,171,980	62.00
64.00 INTRAVENOUS THERAPY	58,811	45,072	2,444,101	-103,883	2,340,218	64.00
65.00 RESPIRATORY THERAPY	579,158	443,861	10,572,180	-1,023,019	9,549,161	65.00
66.00 PHYSICAL THERAPY	1,278	980	1,811,659	-2,258	1,809,401	66.00
67.00 OCCUPATIONAL THERAPY	0	0	840,582	0	840,582	67.00
68.00 SPEECH PATHOLOGY	0	0	819,585	0	819,585	68.00
69.00 ELECTROCARDIOLOGY	928,188	711,353	10,512,191	-1,639,541	8,872,650	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	35,796,081	0	35,796,081	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	5,199,260	0	5,199,260	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	102,895,836	0	102,895,836	73.00
74.00 RENAL DIALYSIS	0	0	5,552,072	0	5,552,072	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	3,200,714	2,452,992	76,438,933	-5,653,706	70,785,227	90.00
91.00 EMERGENCY	5,073,070	3,887,946	62,339,615	-8,961,016	53,378,599	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	28,955,367	22,191,079	673,194,870	-51,146,446	622,048,424	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	389,941	298,847	2,341,163	-688,788	1,652,375	190.01
190.02 ACHN SATELITE CLINICS	0	0	18,278,333	0	18,278,333	190.02
190.03 SPECIAL FUNDS	0	0	2,830,990	0	2,830,990	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
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)	29,345,308	22,489,926	696,645,356	-51,835,234	644,810,122	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	127,396	399,846	2,294	529,536	4.00
5.00	ADMINISTRATIVE & GENERAL	497,310	7,243,867	136,977	7,878,154	5.00
6.00	MAINTENANCE & REPAIRS	0	964,114	18,019	982,133	6.00
7.00	OPERATION OF PLANT	0	15,501,528	18,458	15,519,986	7.00
8.00	LAUNDRY & LINEN SERVICE	0	372,201	473	372,674	8.00
9.00	HOUSEKEEPING	0	319,312	7,495	326,807	9.00
10.00	DIETARY	0	21,381	776	22,157	10.00
11.00	CAFETERIA	0	893,325	0	893,325	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	535,002	199,052	52,492	786,546	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	782,111	106,575	888,686	14.00
15.00	PHARMACY	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	570,404	2,200	572,604	16.00
17.00	SOCIAL SERVICE	0	76,818	390	77,208	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	22,060	1,847	23,907	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	5,721,112	127,455	5,848,567	30.00
31.00	INTENSIVE CARE UNIT	0	595,586	4,600	600,186	31.00
33.00	BURN INTENSIVE CARE UNIT	0	127,139	3,215	130,354	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	200,326	0	200,326	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	141,131	4,880	146,011	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	0	481,632	8,300	489,932	34.02
34.03	NEURO INTENSIVE CARE UNIT	0	100,641	0	100,641	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	0	256,634	32,502	289,136	34.04
43.00	NURSERY	0	183,595	0	183,595	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,469,504	933,296	2,402,800	50.00
51.00	RECOVERY ROOM	0	283,557	1,125	284,682	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	280,945	0	280,945	52.00
53.00	ANESTHESIOLOGY	0	97,987	72,064	170,051	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,558,637	589,932	2,148,569	54.00
60.00	LABORATORY	0	1,632,568	39,676	1,672,244	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	58,559	1,262	59,821	62.00
64.00	INTRAVENOUS THERAPY	0	210,305	0	210,305	64.00
65.00	RESPIRATORY THERAPY	307,822	116,947	314,499	739,268	65.00
66.00	PHYSICAL THERAPY	0	94,505	0	94,505	66.00
67.00	OCCUPATIONAL THERAPY	0	94,144	0	94,144	67.00
68.00	SPEECH PATHOLOGY	0	42,358	875	43,233	68.00
69.00	ELECTROCARDIOLOGY	0	443,457	187,394	630,851	69.00
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	243,810	624,918	868,728	73.00
74.00	RENAL DIALYSIS	0	49,386	9,355	58,741	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	976,029	2,594,728	70,119	3,640,876	90.00
91.00	EMERGENCY	0	1,315,974	60,834	1,376,808	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,443,559	45,761,186	3,434,297	51,639,042	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	DENTISTRY	0	96,479	177	96,656	190.01
190.02	ACHN SATELLITE CLINICS	0	85,778	3,959	89,737	190.02
190.03	SPECIAL FUNDS	0	314,938	0	314,938	190.03
191.00	RESEARCH	0	0	0	0	191.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,443,559	46,258,381	3,438,433	52,140,373	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 4/27/2012 12:17 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	7,923,255					5.00
6.00	MAINTENANCE & REPAIRS	91,338	1,079,322				6.00
7.00	OPERATION OF PLANT	499,127	444,376	16,471,616			7.00
8.00	LAUNDRY & LINEN SERVICE	29,443	10,670	276,796	689,857		8.00
9.00	HOUSEKEEPING	240,465	9,154	237,463	24,873	848,295	9.00
10.00	DIETARY	96,051	613	15,900	4,801	845	10.00
11.00	CAFETERIA	22,526	25,609	664,341	0	35,316	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	82,519	5,706	148,030	0	7,869	13.00
14.00	CENTRAL SERVICES & SUPPLY	43,243	22,421	581,634	6,182	30,920	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	70,806	16,352	424,194	0	22,550	16.00
17.00	SOCIAL SERVICE	18,421	2,202	57,128	0	3,037	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	326,678	632	16,406	0	872	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	254,069	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	841,931	164,006	4,254,632	187,526	226,178	30.00
31.00	INTENSIVE CARE UNIT	175,843	17,074	442,920	37,083	23,546	31.00
33.00	BURN INTENSIVE CARE UNIT	38,232	3,645	94,549	15,959	5,026	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	73,576	5,743	148,977	0	7,920	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	41,465	4,046	104,955	0	5,579	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	115,041	13,807	358,176	38,568	19,041	34.02
34.03	NEURO INTENSIVE CARE UNIT	49,887	2,885	74,844	3,168	3,979	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	169,848	7,357	190,852	27,921	10,146	34.04
43.00	NURSERY	14,619	5,263	136,535	0	7,258	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	527,413	42,126	1,092,830	161,887	58,095	50.00
51.00	RECOVERY ROOM	53,175	8,129	210,873	0	11,210	51.00
52.00	DELIVERY ROOM & LABOR ROOM	59,645	8,054	208,931	21,298	11,107	52.00
53.00	ANESTHESIOLOGY	36,251	2,809	72,870	4,067	3,874	53.00
54.00	RADIOLOGY-DIAGNOSTIC	279,719	44,681	1,159,115	42,754	61,619	54.00
60.00	LABORATORY	320,122	46,801	1,214,096	0	64,541	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	78,982	1,679	43,548	0	2,315	62.00
64.00	INTRAVENOUS THERAPY	17,950	6,029	156,398	0	8,314	64.00
65.00	RESPIRATORY THERAPY	100,836	3,353	86,970	0	4,623	65.00
66.00	PHYSICAL THERAPY	15,696	2,709	70,281	5,493	3,736	66.00
67.00	OCCUPATIONAL THERAPY	5,898	2,699	70,012	0	3,722	67.00
68.00	SPEECH PATHOLOGY	7,624	1,214	31,501	0	1,675	68.00
69.00	ELECTROCARDIOLOGY	76,479	12,712	329,786	13,927	17,531	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	407,116	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	59,132	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,158,057	6,989	181,315	0	9,639	73.00
74.00	RENAL DIALYSIS	57,397	1,416	36,727	0	1,952	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	640,305	74,383	1,929,627	0	102,579	90.00
91.00	EMERGENCY	490,593	37,725	978,653	94,350	52,025	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,687,518	1,065,069	16,101,865	689,857	828,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	DENTISTRY	14,267	2,766	71,749	0	3,814	190.01
190.02	ACHN SATELITE CLINICS	201,425	2,459	63,791	0	3,391	190.02
190.03	SPECIAL FUNDS	20,045	9,028	234,211	0	12,451	190.03
191.00	RESEARCH	0	0	0	0	0	191.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,923,255	1,079,322	16,471,616	689,857	848,295	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet B Part II Date/Time Prepared: 4/27/2012 12:17 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	144,329					10.00
11.00	CAFETERIA	0	1,642,265				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	22,192	0	1,058,148		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	16,479	0	0	1,591,736	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	28,933	0	0	0	16.00
17.00	SOCIAL SERVICE	0	2,821	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	180,153	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	49,351	0	0	157	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	115,045	229,566	0	226,545	69,105	30.00
31.00	INTENSIVE CARE UNIT	6,332	46,136	0	64,419	58,127	31.00
33.00	BURN INTENSIVE CARE UNIT	1,190	11,006	0	13,761	22,696	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,296	19,717	0	26,739	58,427	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	926	12,521	0	15,560	119	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	2,099	33,980	0	40,835	56,142	34.02
34.03	NEURO INTENSIVE CARE UNIT	2,062	14,003	0	16,691	13,886	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	0	48,163	0	55,716	2,273	34.04
43.00	NURSERY	0	4,923	0	7,305	8,418	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	179,381	0	204,860	726,707	50.00
51.00	RECOVERY ROOM	0	14,391	0	21,344	291	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	18,519	0	26,926	55,065	52.00
53.00	ANESTHESIOLOGY	0	16,360	0	10,968	60,284	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	72,102	0	8,389	37,065	54.00
60.00	LABORATORY	0	109,353	0	0	19,392	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,884	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	3,735	0	5,539	0	64.00
65.00	RESPIRATORY THERAPY	0	36,304	0	1,202	41,399	65.00
66.00	PHYSICAL THERAPY	0	5,155	0	0	16,505	66.00
67.00	OCCUPATIONAL THERAPY	0	1,567	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	2,121	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	26,931	0	7,417	108,876	69.00
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	87,345	0	0	0	73.00
74.00	RENAL DIALYSIS	0	13,600	0	11,746	19,543	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	4,565	186,766	0	129,680	51,214	90.00
91.00	EMERGENCY	9,814	133,680	0	129,031	144,008	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,329	1,637,138	0	1,024,673	1,569,699	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	DENTISTRY	0	2,779	0	0	15,706	190.01
190.02	ACHN SATELLITE CLINICS	0	0	0	33,475	6,331	190.02
190.03	SPECIAL FUNDS	0	2,348	0	0	0	190.03
191.00	RESEARCH	0	0	0	0	0	191.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	144,329	1,642,265	0	1,058,148	1,591,736	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY	0				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,139,241			16.00
17.00	SOCIAL SERVICE	0	0	161,271		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	297,932	48,801		30.00
31.00	INTENSIVE CARE UNIT	0	14,779	3,980		31.00
33.00	BURN INTENSIVE CARE UNIT	0	3,469	1,981		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	3,044	2,987		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	2,042	1,981		34.01
34.02	TRAUMA INTENSIVE CARE UNIT	0	6,224	2,987		34.02
34.03	NEURO INTENSIVE CARE UNIT	0	6,468	2,987		34.03
34.04	NEONATAL INTENSIVE CARE UNIT	0	32,657	2,987		34.04
43.00	NURSERY	0	5,935	0		43.00
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
60.00	LABORATORY	0	0	0		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
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	8,157	5,973		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	421,938	56,742		90.00
91.00	EMERGENCY	0	336,596	29,865		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,139,241	161,271	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	DENTISTRY	0	0	0		190.01
190.02	ACHN SATELLITE CLINICS	0	0	0		190.02
190.03	SPECIAL FUNDS	0	0	0		190.03
191.00	RESEARCH	0	0	0		191.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,139,241	161,271	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
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
19.00	NONPHYSICIAN ANESTHETISTS					19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	573,599				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		329,597			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		12,587,209	0	12,587,209	30.00
31.00	INTENSIVE CARE UNIT		1,503,535	0	1,503,535	31.00
33.00	BURN INTENSIVE CARE UNIT		345,623	0	345,623	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		555,248	0	555,248	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT		338,901	0	338,901	34.01
34.02	TRAUMA INTENSIVE CARE UNIT		1,186,810	0	1,186,810	34.02
34.03	NEURO INTENSIVE CARE UNIT		296,004	0	296,004	34.03
34.04	NEONATAL INTENSIVE CARE UNIT		852,911	0	852,911	34.04
43.00	NURSERY		374,755	0	374,755	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		5,443,873	0	5,443,873	50.00
51.00	RECOVERY ROOM		607,830	0	607,830	51.00
52.00	DELIVERY ROOM & LABOR ROOM		694,688	0	694,688	52.00
53.00	ANESTHESIOLOGY		386,186	0	386,186	53.00
54.00	RADIOLOGY-DIAGNOSTIC		3,874,647	0	3,874,647	54.00
60.00	LABORATORY		3,469,367	0	3,469,367	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		198,060	0	198,060	62.00
64.00	INTRAVENOUS THERAPY		409,403	0	409,403	64.00
65.00	RESPIRATORY THERAPY		1,022,901	0	1,022,901	65.00
66.00	PHYSICAL THERAPY		215,164	0	215,164	66.00
67.00	OCCUPATIONAL THERAPY		178,386	0	178,386	67.00
68.00	SPEECH PATHOLOGY		87,757	0	87,757	68.00
69.00	ELECTROCARDIOLOGY		1,231,532	0	1,231,532	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		427,760	0	427,760	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		59,132	0	59,132	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,312,073	0	2,312,073	73.00
74.00	RENAL DIALYSIS		219,456	0	219,456	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		7,288,647	0	7,288,647	90.00
91.00	EMERGENCY		3,851,306	0	3,851,306	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE		0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	50,019,164	0	50,019,164
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
190.01	DENTISTRY		208,662	0	208,662	190.01
190.02	ACHN SATELITE CLINICS		415,155	0	415,155	190.02
190.03	SPECIAL FUNDS		594,196	0	594,196	190.03
191.00	RESEARCH		0	0	0	191.00
200.00	Cross Foot Adjustments	573,599	329,597	903,196	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	573,599	329,597	52,140,373	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	2,178,686				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,438,433			2.00
4.00	EMPLOYEE BENEFITS	18,832	2,294	359,438,090		4.00
5.00	ADMINISTRATIVE & GENERAL	341,173	136,977	30,618,310	-158,756,988	5.00
6.00	MAINTENANCE & REPAIRS	45,408	18,019	3,972,138	0	6.00
7.00	OPERATION OF PLANT	730,094	18,458	5,517,168	0	7.00
8.00	LAUNDRY & LINEN SERVICE	17,530	473	186,226	0	8.00
9.00	HOUSEKEEPING	15,039	7,495	6,471,978	0	9.00
10.00	DIETARY	1,007	776	2,690,011	0	10.00
11.00	CAFETERIA	42,074	0	779,573	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	9,375	52,492	3,588,326	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	36,836	106,575	1,474,064	0	14.00
15.00	PHARMACY	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	26,865	2,200	2,581,424	0	16.00
17.00	SOCIAL SERVICE	3,618	390	308,254	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,039	1,847	16,938,968	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	17,664,947	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	269,454	127,455	52,470,395	0	30.00
31.00	INTENSIVE CARE UNIT	28,051	4,600	8,900,479	0	31.00
33.00	BURN INTENSIVE CARE UNIT	5,988	3,215	2,549,205	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	9,435	0	3,731,305	0	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	6,647	4,880	2,509,374	0	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	22,684	8,300	6,773,605	0	34.02
34.03	NEURO INTENSIVE CARE UNIT	4,740	0	3,056,988	0	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	12,087	32,502	10,763,787	0	34.04
43.00	NURSERY	8,647	0	613,930	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	69,211	933,296	32,433,313	0	50.00
51.00	RECOVERY ROOM	13,355	1,125	2,535,871	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,232	0	2,849,963	0	52.00
53.00	ANESTHESIOLOGY	4,615	72,064	5,873,610	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	73,409	589,932	14,008,162	0	54.00
60.00	LABORATORY	76,891	39,676	15,490,687	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,758	1,262	1,242,733	0	62.00
64.00	INTRAVENOUS THERAPY	9,905	0	769,107	0	64.00
65.00	RESPIRATORY THERAPY	5,508	314,499	6,073,226	0	65.00
66.00	PHYSICAL THERAPY	4,451	0	735,879	0	66.00
67.00	OCCUPATIONAL THERAPY	4,434	0	233,304	0	67.00
68.00	SPEECH PATHOLOGY	1,995	875	264,342	0	68.00
69.00	ELECTROCARDIOLOGY	20,886	187,394	4,767,230	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,015,034	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,483	624,918	0	0	73.00
74.00	RENAL DIALYSIS	2,326	9,355	2,853,961	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	122,207	70,119	33,925,344	0	90.00
91.00	EMERGENCY	61,980	60,834	25,905,017	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,155,269	3,434,297	348,137,238	-158,756,988	521,884,491
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	DENTISTRY	4,544	177	627,751	0	190.01
190.02	ACHN SATELITE CLINICS	4,040	3,959	9,875,313	0	190.02
190.03	SPECIAL FUNDS	14,833	0	797,788	0	190.03
191.00	RESEARCH	0	0	0	0	191.00
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)	46,258,381	3,438,433	111,789,676		158,756,988
203.00	Unit cost multiplier (Wkst. B, Part I)	21.232239	1.000000	0.311012		0.295149
204.00	Cost to be allocated (per Wkst. B, Part II)			529,536		7,923,255
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001473		0.014730

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	1,773,273					6.00
7.00 OPERATION OF PLANT	730,094	1,043,179				7.00
8.00 LAUNDRY & LINEN SERVICE	17,530	17,530	2,380,753			8.00
9.00 HOUSEKEEPING	15,039	15,039	85,840	1,010,610		9.00
10.00 DIETARY	1,007	1,007	16,569	1,007	482,489	10.00
11.00 CAFETERIA	42,074	42,074	0	42,074	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	9,375	9,375	0	9,375	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	36,836	36,836	21,335	36,836	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	26,865	26,865	0	26,865	0	16.00
17.00 SOCIAL SERVICE	3,618	3,618	0	3,618	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,039	1,039	0	1,039	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	269,454	269,454	647,170	269,454	384,593	30.00
31.00 INTENSIVE CARE UNIT	28,051	28,051	127,978	28,051	21,168	31.00
33.00 BURN INTENSIVE CARE UNIT	5,988	5,988	55,075	5,988	3,978	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	9,435	9,435	0	9,435	7,675	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	6,647	6,647	0	6,647	3,097	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	22,684	22,684	133,100	22,684	7,017	34.02
34.03 NEURO INTENSIVE CARE UNIT	4,740	4,740	10,932	4,740	6,894	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	12,087	12,087	96,359	12,087	0	34.04
43.00 NURSERY	8,647	8,647	0	8,647	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	69,211	69,211	558,684	69,211	0	50.00
51.00 RECOVERY ROOM	13,355	13,355	0	13,355	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,232	13,232	73,500	13,232	0	52.00
53.00 ANESTHESIOLOGY	4,615	4,615	14,034	4,615	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	73,409	73,409	147,547	73,409	0	54.00
60.00 LABORATORY	76,891	76,891	0	76,891	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,758	2,758	0	2,758	0	62.00
64.00 INTRAVENOUS THERAPY	9,905	9,905	0	9,905	0	64.00
65.00 RESPIRATORY THERAPY	5,508	5,508	0	5,508	0	65.00
66.00 PHYSICAL THERAPY	4,451	4,451	18,957	4,451	0	66.00
67.00 OCCUPATIONAL THERAPY	4,434	4,434	0	4,434	0	67.00
68.00 SPEECH PATHOLOGY	1,995	1,995	0	1,995	0	68.00
69.00 ELECTROCARDIOLOGY	20,886	20,886	48,063	20,886	0	69.00
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	11,483	11,483	0	11,483	0	73.00
74.00 RENAL DIALYSIS	2,326	2,326	0	2,326	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	122,207	122,207	0	122,207	15,260	90.00
91.00 EMERGENCY	61,980	61,980	325,610	61,980	32,807	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,749,856	1,019,762	2,380,753	987,193	482,489	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	4,544	4,544	0	4,544	0	190.01
190.02 ACHN SATELITTE CLINICS	4,040	4,040	0	4,040	0	190.02
190.03 SPECIAL FUNDS	14,833	14,833	0	14,833	0	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
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)	8,030,937	47,192,745	3,461,283	22,016,393	8,541,492	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.528878	45.239355	1.453861	21.785251	17.702978	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,079,322	16,471,616	689,857	848,295	144,329	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.608661	15.789827	0.289764	0.839389	0.299134	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1

Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	346,917					11.00
12.00	0	0				12.00
13.00	4,688	0	3,108,997			13.00
14.00	3,481	0	0	20,136,067		14.00
15.00	0	0	0	0	0	15.00
16.00	6,112	0	0	0	0	16.00
17.00	596	0	0	0	0	17.00
19.00	0	0	0	0	0	19.00
21.00	38,056	0	0	0	0	21.00
22.00	10,425	0	0	1,985	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	48,494	0	665,621	874,200	0	30.00
31.00	9,746	0	189,273	735,332	0	31.00
33.00	2,325	0	40,432	287,108	0	33.00
34.00	4,165	0	78,564	739,124	0	34.00
34.01	2,645	0	45,717	1,501	0	34.01
34.02	7,178	0	119,979	710,215	0	34.02
34.03	2,958	0	49,042	175,667	0	34.03
34.04	10,174	0	163,701	28,760	0	34.04
43.00	1,040	0	21,462	106,490	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	37,893	0	601,910	9,193,137	0	50.00
51.00	3,040	0	62,712	3,681	0	51.00
52.00	3,912	0	79,114	696,589	0	52.00
53.00	3,456	0	32,225	762,613	0	53.00
54.00	15,231	0	24,648	468,882	0	54.00
60.00	23,100	0	0	245,311	0	60.00
62.00	2,088	0	0	0	0	62.00
64.00	789	0	16,273	0	0	64.00
65.00	7,669	0	3,532	523,712	0	65.00
66.00	1,089	0	0	208,799	0	66.00
67.00	331	0	0	0	0	67.00
68.00	448	0	0	0	0	68.00
69.00	5,689	0	21,791	1,377,324	0	69.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	18,451	0	0	0	0	73.00
74.00	2,873	0	34,511	247,222	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	39,453	0	381,021	647,882	0	90.00
91.00	28,239	0	379,114	1,821,759	0	91.00
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	0	0	0	0	0	113.00
118.00	345,834	0	3,010,642	19,857,293	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	0	0	0	0	190.00
190.01	587	0	0	198,686	0	190.01
190.02	0	0	98,355	80,088	0	190.02
190.03	496	0	0	0	0	190.03
191.00	0	0	0	0	0	191.00
200.00						200.00
201.00						201.00
202.00	4,991,165	0	7,993,817	6,519,064	0	202.00
203.00	14.387202	0.000000	2.571188	0.323751	0.000000	203.00
204.00	1,642,265	0	1,058,148	1,591,736	0	204.00
205.00	4.733884	0.000000	0.340350	0.079049	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet B-1
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	INTERNS & RESIDENTS					
	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
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	126,110					16.00
17.00 SOCIAL SERVICE	0	56,160				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		45,906		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			45,906	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	32,980	16,994		11,684	11,684	30.00
31.00 INTENSIVE CARE UNIT	1,636	1,386		1,745	1,745	31.00
33.00 BURN INTENSIVE CARE UNIT	384	690		346	346	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	337	1,040		483	483	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	226	690		218	218	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	689	1,040		0	0	34.02
34.03 NEURO INTENSIVE CARE UNIT	716	1,040		54	54	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	3,615	1,040		908	908	34.04
43.00 NURSERY	657	0		273	273	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	7,924	7,924	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	455	455	52.00
53.00 ANESTHESIOLOGY	0	0	0	3,099	3,099	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	2,175	2,175	54.00
60.00 LABORATORY	0	0	0	537	537	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 INTRAVENOUS THERAPY	0	0	0	92	92	64.00
65.00 RESPIRATORY THERAPY	0	0	0	906	906	65.00
66.00 PHYSICAL THERAPY	0	0	0	2	2	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	1,452	1,452	69.00
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	903	2,080	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	46,707	19,760	0	5,007	5,007	90.00
91.00 EMERGENCY	37,260	10,400	0	7,936	7,936	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	126,110	56,160	0	45,296	45,296	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 DENTISTRY	0	0	0	610	610	190.01
190.02 ACHN SATELLITE CLINICS	0	0	0	0	0	190.02
190.03 SPECIAL FUNDS	0	0	0	0	0	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
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)	8,235,877	1,887,154	0	29,345,308	22,489,926	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	65.307089	33.603170	0.000000	639.247767	489.912560	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,139,241	161,271	0	573,599	329,597	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	9.033709	2.871635	0.000000	12.495077	7.179824	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet C
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	106,474,308		106,474,308	2,314,327	108,788,635	30.00
31.00	INTENSIVE CARE UNIT	19,047,431		19,047,431	106,636	19,154,067	31.00
33.00	BURN INTENSIVE CARE UNIT	4,219,187		4,219,187	124,119	4,343,306	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	7,838,367		7,838,367	30,499	7,868,866	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	4,370,355		4,370,355	40,541	4,410,896	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	12,777,612		12,777,612	140,868	12,918,480	34.02
34.03	NEURO INTENSIVE CARE UNIT	5,170,728		5,170,728	119,953	5,290,681	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	16,786,592		16,786,592	116,662	16,903,254	34.04
43.00	NURSERY	2,051,607		2,051,607	0	2,051,607	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	57,206,898		57,206,898	825,800	58,032,698	50.00
51.00	RECOVERY ROOM	5,837,275		5,837,275	0	5,837,275	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,783,201		6,783,201	0	6,783,201	52.00
53.00	ANESTHESIOLOGY	3,917,541		3,917,541	807,806	4,725,347	53.00
54.00	RADIOLOGY-DIAGNOSTIC	30,496,067		30,496,067	386,020	30,882,087	54.00
60.00	LABORATORY	34,060,603		34,060,603	99,981	34,160,584	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,171,980		7,171,980	0	7,171,980	62.00
64.00	INTRAVENOUS THERAPY	2,340,218		2,340,218	0	2,340,218	64.00
65.00	RESPIRATORY THERAPY	9,549,161	0	9,549,161	132,309	9,681,470	65.00
66.00	PHYSICAL THERAPY	1,809,401	0	1,809,401	0	1,809,401	66.00
67.00	OCCUPATIONAL THERAPY	840,582	0	840,582	0	840,582	67.00
68.00	SPEECH PATHOLOGY	819,585	0	819,585	0	819,585	68.00
69.00	ELECTROCARDIOLOGY	8,872,650		8,872,650	233,266	9,105,916	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	35,796,081		35,796,081	0	35,796,081	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,199,260		5,199,260	0	5,199,260	72.00
73.00	DRUGS CHARGED TO PATIENTS	102,895,836		102,895,836	0	102,895,836	73.00
74.00	RENAL DIALYSIS	5,552,072		5,552,072	0	5,552,072	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	70,785,227		70,785,227	372,337	71,157,564	90.00
91.00	EMERGENCY	53,378,599		53,378,599	1,340,407	54,719,006	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,966,035		1,966,035		1,966,035	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	624,014,459	0	624,014,459	7,191,531	631,205,990	200.00
201.00	Less Observation Beds	1,966,035		1,966,035		1,966,035	201.00
202.00	Total (see instructions)	622,048,424	0	622,048,424	7,191,531	629,239,955	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/27/2012 12:17 pm	
			Title XVII I	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	186,652,449		186,652,449		30.00
31.00	INTENSIVE CARE UNIT	24,094,945		24,094,945		31.00
33.00	BURN INTENSIVE CARE UNIT	3,698,945		3,698,945		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,268,951		8,268,951		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	3,299,690		3,299,690		34.01
34.02	TRAUMA INTENSIVE CARE UNIT	10,783,378		10,783,378		34.02
34.03	NEURO INTENSIVE CARE UNIT	7,011,383		7,011,383		34.03
34.04	NEONATAL INTENSIVE CARE UNIT	30,558,567		30,558,567		34.04
43.00	NURSERY	890,594		890,594		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	35,969,387	22,063,311	58,032,698	0.985770	50.00
51.00	RECOVERY ROOM	3,618,016	2,219,259	5,837,275	1.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,783,201	0	6,783,201	1.000000	52.00
53.00	ANESTHESIOLOGY	2,928,827	1,796,520	4,725,347	0.829048	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,046,139	17,835,948	30,882,087	0.987500	54.00
60.00	LABORATORY	13,282,030	20,878,554	34,160,584	0.997073	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,052,714	1,119,266	7,171,980	1.000000	62.00
64.00	INTRAVENOUS THERAPY	1,378,824	961,394	2,340,218	1.000000	64.00
65.00	RESPIRATORY THERAPY	9,681,470	0	9,681,470	0.986334	65.00
66.00	PHYSICAL THERAPY	1,347,936	461,465	1,809,401	1.000000	66.00
67.00	OCCUPATIONAL THERAPY	463,361	377,221	840,582	1.000000	67.00
68.00	SPEECH PATHOLOGY	345,735	473,850	819,585	1.000000	68.00
69.00	ELECTROCARDIOLOGY	2,309,837	6,796,079	9,105,916	0.974383	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,775,195	22,020,886	35,796,081	1.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,702,063	1,497,197	5,199,260	1.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	54,469,307	48,426,529	102,895,836	1.000000	73.00
74.00	RENAL DIALYSIS	2,701,155	2,850,917	5,552,072	1.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	71,157,564	71,157,564	0.994767	90.00
91.00	EMERGENCY	3,916,070	50,802,936	54,719,006	0.975504	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	23,384	9,241,255	9,264,639	0.212208	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	451,053,553	280,980,151	732,033,704		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	451,053,553	280,980,151	732,033,704		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/27/2012 12:17 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	TRAUMA INTENSIVE CARE UNIT			34.02
34.03	NEURO INTENSIVE CARE UNIT			34.03
34.04	NEONATAL INTENSIVE CARE UNIT			34.04
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	1.000000		50.00
51.00	RECOVERY ROOM	1.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.000000		52.00
53.00	ANESTHESIOLOGY	1.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1.000000		54.00
60.00	LABORATORY	1.000000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.000000		62.00
64.00	INTRAVENOUS THERAPY	1.000000		64.00
65.00	RESPIRATORY THERAPY	1.000000		65.00
66.00	PHYSICAL THERAPY	1.000000		66.00
67.00	OCCUPATIONAL THERAPY	1.000000		67.00
68.00	SPEECH PATHOLOGY	1.000000		68.00
69.00	ELECTROCARDIOLOGY	1.000000		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	1.000000		73.00
74.00	RENAL DIALYSIS	1.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	1.000000		90.00
91.00	EMERGENCY	1.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.212208		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/27/2012 12:17 pm
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	106,474,308		106,474,308	0	0	30.00
31.00 INTENSIVE CARE UNIT	19,047,431		19,047,431	0	0	31.00
33.00 BURN INTENSIVE CARE UNIT	4,219,187		4,219,187	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	7,838,367		7,838,367	0	0	34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	4,370,355		4,370,355	0	0	34.01
34.02 TRAUMA INTENSIVE CARE UNIT	12,777,612		12,777,612	0	0	34.02
34.03 NEURO INTENSIVE CARE UNIT	5,170,728		5,170,728	0	0	34.03
34.04 NEONATAL INTENSIVE CARE UNIT	16,786,592		16,786,592	0	0	34.04
43.00 NURSERY	2,051,607		2,051,607	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	57,206,898		57,206,898	0	0	50.00
51.00 RECOVERY ROOM	5,837,275		5,837,275	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,783,201		6,783,201	0	0	52.00
53.00 ANESTHESIOLOGY	3,917,541		3,917,541	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	30,496,067		30,496,067	0	0	54.00
60.00 LABORATORY	34,060,603		34,060,603	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	7,171,980		7,171,980	0	0	62.00
64.00 INTRAVENOUS THERAPY	2,340,218		2,340,218	0	0	64.00
65.00 RESPIRATORY THERAPY	9,549,161	0	9,549,161	0	0	65.00
66.00 PHYSICAL THERAPY	1,809,401	0	1,809,401	0	0	66.00
67.00 OCCUPATIONAL THERAPY	840,582	0	840,582	0	0	67.00
68.00 SPEECH PATHOLOGY	819,585	0	819,585	0	0	68.00
69.00 ELECTROCARDIOLOGY	8,872,650		8,872,650	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	35,796,081		35,796,081	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	5,199,260		5,199,260	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	102,895,836		102,895,836	0	0	73.00
74.00 RENAL DIALYSIS	5,552,072		5,552,072	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	70,785,227		70,785,227	0	0	90.00
91.00 EMERGENCY	53,378,599		53,378,599	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,966,035		1,966,035	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	624,014,459	0	624,014,459	0	0	200.00
201.00 Less Observation Beds	1,966,035		1,966,035			201.00
202.00 Total (see instructions)	622,048,424	0	622,048,424	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/27/2012 12:17 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	186,652,449		186,652,449		30.00
31.00	INTENSIVE CARE UNIT	24,094,945		24,094,945		31.00
33.00	BURN INTENSIVE CARE UNIT	3,698,945		3,698,945		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	8,268,951		8,268,951		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	3,299,690		3,299,690		34.01
34.02	TRAUMA INTENSIVE CARE UNIT	10,783,378		10,783,378		34.02
34.03	NEURO INTENSIVE CARE UNIT	7,011,383		7,011,383		34.03
34.04	NEONATAL INTENSIVE CARE UNIT	30,558,567		30,558,567		34.04
43.00	NURSERY	890,594		890,594		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	35,969,387	22,063,311	58,032,698	0.985770	50.00
51.00	RECOVERY ROOM	3,618,016	2,219,259	5,837,275	1.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,783,201	0	6,783,201	1.000000	52.00
53.00	ANESTHESIOLOGY	2,928,827	1,796,520	4,725,347	0.829048	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,046,139	17,835,948	30,882,087	0.987500	54.00
60.00	LABORATORY	13,282,030	20,878,554	34,160,584	0.997073	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,052,714	1,119,266	7,171,980	1.000000	62.00
64.00	INTRAVENOUS THERAPY	1,378,824	961,394	2,340,218	1.000000	64.00
65.00	RESPIRATORY THERAPY	9,681,470	0	9,681,470	0.986334	65.00
66.00	PHYSICAL THERAPY	1,347,936	461,465	1,809,401	1.000000	66.00
67.00	OCCUPATIONAL THERAPY	463,361	377,221	840,582	1.000000	67.00
68.00	SPEECH PATHOLOGY	345,735	473,850	819,585	1.000000	68.00
69.00	ELECTROCARDIOLOGY	2,309,837	6,796,079	9,105,916	0.974383	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,775,195	22,020,886	35,796,081	1.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,702,063	1,497,197	5,199,260	1.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	54,469,307	48,426,529	102,895,836	1.000000	73.00
74.00	RENAL DIALYSIS	2,701,155	2,850,917	5,552,072	1.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	71,157,564	71,157,564	0.994767	90.00
91.00	EMERGENCY	3,916,070	50,802,936	54,719,006	0.975504	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	23,384	9,241,255	9,264,639	0.212208	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	451,053,553	280,980,151	732,033,704		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	451,053,553	280,980,151	732,033,704		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet C Part I Date/Time Prepared: 4/27/2012 12:17 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	TRAUMA INTENSIVE CARE UNIT			34.02
34.03	NEURO INTENSIVE CARE UNIT			34.03
34.04	NEONATAL INTENSIVE CARE UNIT			34.04
43.00	NURSERY			43.00
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
60.00	LABORATORY	0.000000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
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
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part I Date/Time Prepared: 4/27/2012 12:17 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,587,209	0	12,587,209	95,783	131.41	30.00
31.00	INTENSIVE CARE UNIT	1,503,535		1,503,535	4,665	322.30	31.00
33.00	BURN INTENSIVE CARE UNIT	345,623		345,623	1,095	315.64	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	555,248		555,248	960	578.38	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	338,901		338,901	645	525.43	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	1,186,810		1,186,810	1,965	603.97	34.02
34.03	NEURO INTENSIVE CARE UNIT	296,004		296,004	2,041	145.03	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	852,911		852,911	10,308	82.74	34.04
43.00	NURSERY	374,755		374,755	1,873	200.08	43.00
200.00	Total (Lines 30-199)	18,040,996		18,040,996	119,335		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part I Date/Time Prepared: 4/27/2012 12:17 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	10,433	1,371,001		30.00
31.00 INTENSIVE CARE UNIT	812	261,708		31.00
33.00 BURN INTENSIVE CARE UNIT	191	60,287		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	167	96,589		34.00
34.01 PEDIATRIC INTENSIVE CARE UNIT	0	0		34.01
34.02 TRAUMA INTENSIVE CARE UNIT	342	206,558		34.02
34.03 NEURO INTENSIVE CARE UNIT	355	51,486		34.03
34.04 NEONATAL INTENSIVE CARE UNIT	0	0		34.04
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	12,300	2,047,629		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part II Date/Time Prepared: 4/27/2012 12:17 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	5,443,873	58,032,698	0.093807	3,776,106	354,225 50.00
51.00	RECOVERY ROOM	607,830	5,837,275	0.104129	379,823	39,551 51.00
52.00	DELIVERY ROOM & LABOR ROOM	694,688	6,783,201	0.102413	712,108	72,929 52.00
53.00	ANESTHESIOLOGY	386,186	4,725,347	0.081726	307,471	25,128 53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,874,647	30,882,087	0.125466	1,369,598	171,838 54.00
60.00	LABORATORY	3,469,367	34,160,584	0.101561	1,394,362	141,613 60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	198,060	7,171,980	0.027616	635,420	17,548 62.00
64.00	INTRAVENOUS THERAPY	409,403	2,340,218	0.174942	144,750	25,323 64.00
65.00	RESPIRATORY THERAPY	1,022,901	9,681,470	0.105656	1,016,371	107,386 65.00
66.00	PHYSICAL THERAPY	215,164	1,809,401	0.118914	141,508	16,827 66.00
67.00	OCCUPATIONAL THERAPY	178,386	840,582	0.212217	48,644	10,323 67.00
68.00	SPEECH PATHOLOGY	87,757	819,585	0.107075	36,296	3,886 68.00
69.00	ELECTROCARDIOLOGY	1,231,532	9,105,916	0.135245	242,489	32,795 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	427,760	35,796,081	0.011950	1,446,135	17,281 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	59,132	5,199,260	0.011373	388,647	4,420 72.00
73.00	DRUGS CHARGED TO PATIENTS	2,312,073	102,895,836	0.022470	5,718,248	128,489 73.00
74.00	RENAL DIALYSIS	219,456	5,552,072	0.039527	283,570	11,209 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	7,288,647	71,157,564	0.102430	0	0 90.00
91.00	EMERGENCY	3,851,306	54,719,006	0.070383	411,113	28,935 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	227,476	9,264,639	0.024553	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00	Total (Lines 50-199)	32,205,644	456,774,802		18,452,659	1,209,706 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 4/27/2012 12:17 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	TRAUMA INTENSIVE CARE UNIT	0	0	0	0	0	34.02
34.03	NEURO INTENSIVE CARE UNIT	0	0	0	0	0	34.03
34.04	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	34.04
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet D Part III Date/Time Prepared: 4/27/2012 12:17 pm	
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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	95,783	0.00	10,433	0		30.00
31.00	INTENSIVE CARE UNIT	4,665	0.00	812	0		31.00
33.00	BURN INTENSIVE CARE UNIT	1,095	0.00	191	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	960	0.00	167	0		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	645	0.00	0	0		34.01
34.02	TRAUMA INTENSIVE CARE UNIT	1,965	0.00	342	0		34.02
34.03	NEURO INTENSIVE CARE UNIT	2,041	0.00	355	0		34.03
34.04	NEONATAL INTENSIVE CARE UNIT	10,308	0.00	0	0		34.04
43.00	NURSERY	1,873	0.00	0	0		43.00
200.00	Total (Lines 30-199)	119,335		12,300	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet D
Part IV
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00	LABORATORY	0	0	0	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
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: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet D
Part IV
Date/Time Prepared:
4/27/2012 12:17 pm

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)	Hospital		
					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	58,032,698	0.000000	0.000000	3,776,106	50.00
51.00	RECOVERY ROOM	0	5,837,275	0.000000	0.000000	379,823	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,783,201	0.000000	0.000000	712,108	52.00
53.00	ANESTHESIOLOGY	0	4,725,347	0.000000	0.000000	307,471	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	30,882,087	0.000000	0.000000	1,369,598	54.00
60.00	LABORATORY	0	34,160,584	0.000000	0.000000	1,394,362	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,171,980	0.000000	0.000000	635,420	62.00
64.00	INTRAVENOUS THERAPY	0	2,340,218	0.000000	0.000000	144,750	64.00
65.00	RESPIRATORY THERAPY	0	9,681,470	0.000000	0.000000	1,016,371	65.00
66.00	PHYSICAL THERAPY	0	1,809,401	0.000000	0.000000	141,508	66.00
67.00	OCCUPATIONAL THERAPY	0	840,582	0.000000	0.000000	48,644	67.00
68.00	SPEECH PATHOLOGY	0	819,585	0.000000	0.000000	36,296	68.00
69.00	ELECTROCARDIOLOGY	0	9,105,916	0.000000	0.000000	242,489	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,796,081	0.000000	0.000000	1,446,135	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	5,199,260	0.000000	0.000000	388,647	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	102,895,836	0.000000	0.000000	5,718,248	73.00
74.00	RENAL DIALYSIS	0	5,552,072	0.000000	0.000000	283,570	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	71,157,564	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	54,719,006	0.000000	0.000000	411,113	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,264,639	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	456,774,802			18,452,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet D
Part IV
Date/Time Prepared:
4/27/2012 12:17 pm

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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	79,610	0	50.00
51.00	RECOVERY ROOM	0	178,548	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,243,580	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	6,355,964	0	54.00
60.00	LABORATORY	0	400,899	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,304	0	62.00
64.00	INTRAVENOUS THERAPY	0	225,494	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	185	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,522	0	67.00
68.00	SPEECH PATHOLOGY	0	54,670	0	68.00
69.00	ELECTROCARDIOLOGY	0	266,938	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	98,371	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	25,213	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,592,828	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	13,523,755	0	90.00
91.00	EMERGENCY	0	1,454,230	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	404,583	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	28,908,694	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part V Date/Time Prepared: 4/27/2012 12:17 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.985770	79,610	0	0		50.00
51.00 RECOVERY ROOM	1.000000	178,548	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.000000	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.829048	1,243,580	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.987500	6,355,964	0	0		54.00
60.00 LABORATORY	0.997073	400,899	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.000000	2,304	0	0		62.00
64.00 INTRAVENOUS THERAPY	1.000000	225,494	0	0		64.00
65.00 RESPIRATORY THERAPY	0.986334	0	0	0		65.00
66.00 PHYSICAL THERAPY	1.000000	185	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1.000000	1,522	0	0		67.00
68.00 SPEECH PATHOLOGY	1.000000	54,670	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.974383	266,938	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.000000	98,371	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1.000000	25,213	16,880	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1.000000	4,592,828	0	2,304		73.00
74.00 RENAL DIALYSIS	1.000000	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.994767	13,523,755	0	0		90.00
91.00 EMERGENCY	0.975504	1,454,230	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.212208	404,583	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00 Subtotal (see instructions)		28,908,694	16,880	2,304		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		28,908,694	16,880	2,304		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D Part V Date/Time Prepared: 4/27/2012 12:17 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	78,477	0	0		50.00
51.00 RECOVERY ROOM	178,548	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	1,030,988	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,276,514	0	0		54.00
60.00 LABORATORY	399,726	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,304	0	0		62.00
64.00 INTRAVENOUS THERAPY	225,494	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	185	0	0		66.00
67.00 OCCUPATIONAL THERAPY	1,522	0	0		67.00
68.00 SPEECH PATHOLOGY	54,670	0	0		68.00
69.00 ELECTROCARDIOLOGY	260,100	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	98,371	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	25,213	16,880	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,592,828	0	2,304		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	13,452,985	0	0		90.00
91.00 EMERGENCY	1,418,607	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	85,856	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	28,182,388	16,880	2,304		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	28,182,388	16,880	2,304		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 4/27/2012 12:17 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		95,783	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		95,783	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)		95,783	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,433	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)		108,788,635	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)		108,788,635	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)		108,788,635	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)		1,135.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,849,593	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)		11,849,593	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D-1 Date/Time Prepared: 4/27/2012 12:17 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	19,154,067	4,665	4,105.91	812	3,333,999	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT	4,343,306	1,095	3,966.49	191	757,600	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	7,868,866	960	8,196.74	167	1,368,856	46.00
46.01 PEDIATRIC INTENSIVE CARE UNIT	4,410,896	645	6,838.60	0	0	46.01
46.02 TRAUMA INTENSIVE CARE UNIT	12,918,480	1,965	6,574.29	342	2,248,407	46.02
46.03 NEURO INTENSIVE CARE UNIT	5,290,681	2,041	2,592.20	355	920,231	46.03
46.04 NEONATAL INTENSIVE CARE UNIT	16,903,254	10,308	1,639.82	0	0	46.04
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)					18,452,659	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,931,345	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,047,629	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,209,706	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,257,335	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,674,010	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,731	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,135.78	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,966,035	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet D-1 Date/Time Prepared: 4/27/2012 12:17 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	12,587,209	108,788,635	0.115703	1,966,035	227,476	90.00
91.00	Nursing School cost	0	108,788,635	0.000000	1,966,035	0	91.00
92.00	Allied health cost	0	108,788,635	0.000000	1,966,035	0	92.00
93.00	All other Medical Education	0	108,788,635	0.000000	1,966,035	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D-3 Date/Time Prepared: 4/27/2012 12:17 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		22,857,150		30.00
31.00	INTENSIVE CARE UNIT		2,174,016		31.00
33.00	BURN INTENSIVE CARE UNIT		511,373		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		447,111		34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	TRAUMA INTENSIVE CARE UNIT		916,006		34.02
34.03	NEURO INTENSIVE CARE UNIT		950,315		34.03
34.04	NEONATAL INTENSIVE CARE UNIT		0		34.04
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1.000000	3,776,106	3,776,106	50.00
51.00	RECOVERY ROOM	1.000000	379,823	379,823	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.000000	712,108	712,108	52.00
53.00	ANESTHESIOLOGY	1.000000	307,471	307,471	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1.000000	1,369,598	1,369,598	54.00
60.00	LABORATORY	1.000000	1,394,362	1,394,362	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.000000	635,420	635,420	62.00
64.00	INTRAVENOUS THERAPY	1.000000	144,750	144,750	64.00
65.00	RESPIRATORY THERAPY	1.000000	1,016,371	1,016,371	65.00
66.00	PHYSICAL THERAPY	1.000000	141,508	141,508	66.00
67.00	OCCUPATIONAL THERAPY	1.000000	48,644	48,644	67.00
68.00	SPEECH PATHOLOGY	1.000000	36,296	36,296	68.00
69.00	ELECTROCARDIOLOGY	1.000000	242,489	242,489	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.000000	1,446,135	1,446,135	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	1.000000	388,647	388,647	72.00
73.00	DRUGS CHARGED TO PATIENTS	1.000000	5,718,248	5,718,248	73.00
74.00	RENAL DIALYSIS	1.000000	283,570	283,570	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	1.000000	0	0	90.00
91.00	EMERGENCY	1.000000	411,113	411,113	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.212208	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		18,452,659	18,452,659	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		18,452,659		202.00

APPORTIONMENT OF COST FOR THE SERVICES OF TEACHING PHYSICIANS
 REASONABLE COMPENSATION EQUIVALENT COMPUTATION

Provider CCN: 140124

Period:
 From 12/01/2010
 To 11/30/2011

Worksheet D-5
 Part I
 Date/Time Prepared:
 4/27/2012 12:17 pm

Cost Center Description		Hospital Staff		Hospital		PPS	
		Total Remuneration	Professional Component	RCE Amount	Physician/Professional Component Hours	Unadjusted RCE Limit	
		3.00	4.00	5.00	6.00	7.00	
1.00	General Practitioner Family Practice	0	0	0	0	0	1.00
2.00	Internal Medicine	32,161,027	19,412,924	165,600	172,898	13,765,341	2.00
3.00	Surgery	22,961,851	16,198,256	208,000	114,865	11,486,500	3.00
4.00	Pediatrics	2,437,389	1,354,983	140,600	13,422	907,276	4.00
5.00	Obstetrics-Gynecology	5,434,550	3,784,053	196,400	22,677	2,141,232	5.00
6.00	Radiology	11,284,926	8,542,035	225,300	52,066	5,639,649	6.00
7.00	Psychiatry	248,033	196,876	154,100	1,645	121,872	7.00
8.00	Anesthesiology	11,426,282	7,015,206	200,300	44,905	4,324,265	8.00
9.00	Pathology	5,895,742	4,212,878	215,700	34,862	3,615,256	9.00
10.00	All Other	23,418,770	13,976,112	177,200	113,298	9,652,118	10.00
11.00	Total	115,268,570	74,693,323	1,683,200	570,638	51,653,509	11.00

APPORTIONMENT OF COST FOR THE SERVICES OF TEACHING PHYSICIANS
REASONABLE COMPENSATION EQUIVALENT COMPUTATION

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet D-5
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description	Hospital Staff		Hospital		PPS		
	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 11	Cost of Physician Malpractice Insurance	Professional Component Share of col. 13		
	8.00	11.00	12.00	13.00	14.00		
1.00 General Practitioner Family Practice	0	0	0	0	0	0	1.00
2.00 Internal Medicine	688,267	0	0	2,239,105	1,351,561		2.00
3.00 Surgery	574,325	0	0	1,598,643	1,127,750		3.00
4.00 Pediatrics	45,364	0	0	169,695	94,336		4.00
5.00 Obstetrics-Gynecology	107,062	0	0	378,363	263,452		5.00
6.00 Radiology	281,982	0	0	785,676	594,711		6.00
7.00 Psychiatry	6,094	0	0	17,268	13,706		7.00
8.00 Anesthesiology	216,213	0	0	795,517	488,410		8.00
9.00 Pathology	180,763	0	0	410,472	293,308		9.00
10.00 All Other	482,606	0	0	1,630,454	973,040		10.00
11.00 Total	2,582,676	0	0	8,025,193	5,200,274		11.00

APPORTIONMENT OF COST FOR THE SERVICES OF TEACHING PHYSICIANS
REASONABLE COMPENSATION EQUIVALENT COMPUTATION

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet D-5
Part I
Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description		Adjusted RCE Limit	Adjust Cost of Physician's Direct Medical & Surgical Services	Hospital Staff	Hospital	PPS
1.00	General Practitioner Family Practice	0	0			1.00
2.00	Internal Medicine	15,116,902	15,116,902			2.00
3.00	Surgery	12,614,250	12,614,250			3.00
4.00	Pediatrics	1,001,612	1,001,612			4.00
5.00	Obstetrics-Gynecology	2,404,684	2,404,684			5.00
6.00	Radiology	6,234,360	6,234,360			6.00
7.00	Psychiatry	135,578	135,578			7.00
8.00	Anesthesiology	4,812,675	4,812,675			8.00
9.00	Pathology	3,908,564	3,908,564			9.00
10.00	All Other	10,625,158	10,625,158			10.00
11.00	Total	56,853,783	56,853,783			11.00

APPORTIONMENT OF COST FOR THE SERVICES OF TEACHING PHYSICIANS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet D-5 Part II Date/Time Prepared: 4/27/2012 12:17 pm
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Cost Center Description		Hospital		Total (col 1 + col 2)	
		Staff	Medical School Faculty		
		1.00	2.00	3.00	
1.00	Adjusted Cost of Physician's Direct Medical and Surgical Services	56,853,783	0		1.00
2.00	Total Inpatient Days and Outpatient Visit Days	777,384	777,384		2.00
3.00	Average Per Diem (line 1 ÷ line 2)	73.13	0.00		3.00
Health Care Program Reimbursable Days					
4.00	Title V - Inpatient	0	0		4.00
5.00	Title V - Outpatient	0	0		5.00
6.00	Title XVIII - Part A	17,555	17,555		6.00
7.00	Title XVIII - Part B	62,500	62,500		7.00
8.00	Title XIX - Inpatient	0	0		8.00
9.00	Title XIX - Outpatient	0	0		9.00
10.00	Inpatient and Outpatient Kidney Acquisition	0	0		10.00
11.00	Inpatient and Outpatient Liver Acquisition	0	0		11.00
12.00	Inpatient and Outpatient Heart Acquisition	0	0		12.00
13.00	Inpatient and Outpatient Lung Acquisition	0	0		13.00
14.00	Inpatient and Outpatient Pancreas Acquisition	0	0		14.00
15.00	Inpatient and Outpatient Intestine Acquisition	0	0		15.00
16.00	Inpatient and Outpatient Islet Acquisition	0	0		16.00
17.00	Other Organ Acquisition	0	0		17.00
Health Care Program Reimbursable Cost					
18.00	Title V - Inpatient (line 3 x line 4)	0	0	0	18.00
19.00	Title V - Outpatient (line 3 x line 5)	0	0	0	19.00
20.00	Title XVIII - Part A (line 3 x line 6)	1,283,797	0	1,283,797	20.00
21.00	Title XVIII - Part B (line 3 x line 7)	4,570,625	0	4,570,625	21.00
22.00	Title XIX - Inpatient (line 3 x line 8)	0	0	0	22.00
23.00	Title XIX - Outpatient (line 3 x line 9)	0	0	0	23.00
24.00	Inpatient and Outpatient Kidney Acquisition (line 3 x line 10)	0	0	0	24.00
25.00	Inpatient and Outpatient Liver Acquisition (line 3 x line 11)	0	0	0	25.00
26.00	Inpatient and Outpatient Heart Acquisition (line 3 x line 12)	0	0	0	26.00
27.00	Inpatient and Outpatient Lung Acquisition (line 3 x line 13)	0	0	0	27.00
28.00	Inpatient and Outpatient Pancreas Acquisition (line 3 x line 14)	0	0	0	28.00
29.00	Inpatient and Outpatient Intestine Acquisition (line 3 x line 15)	0	0	0	29.00
30.00	Inpatient and Outpatient Islet Acquisition (line 3 x line 16)	0	0	0	30.00
31.00	Inpatient and Outpatient Other Organ Acquisition (line 3 x line 17)	0	0	0	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 4/27/2012 12:17 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		16,918,042	1.00
2.00	Outlier payments for discharges. (see instructions)		2,513,392	2.00
3.00	Managed Care Simulated Payments		963,785	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		455.26	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)		522.08	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)		36.60	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.		-85.00	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)		400.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		446.87	10.00
11.00	FTE count for residents in dental and podiatric programs.		9.47	11.00
12.00	Current year allowable FTE (see instructions)		409.95	12.00
13.00	Total allowable FTE count for the prior year.		411.03	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.		416.28	14.00
15.00	Sum of lines 12 through 14 divided by 3.		412.42	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		412.42	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.905900	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.919784	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.905900	21.00
22.00	IME payment adjustment (see instructions)		7,205,840	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		46.39	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		7,205,840	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.47	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		43.71	31.00
32.00	Sum of lines 30 and 31		55.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		34.74	33.00
34.00	Disproportionate share adjustment (see instructions)		5,877,328	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		32,514,602	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)		32,514,602	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part A Date/Time Prepared: 4/27/2012 12:17 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)		2,657,934		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		2,018,271		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		1,283,797		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,474,604		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,474,604		61.00
62.00	Deductibles billed to program beneficiaries		1,832,246		62.00
63.00	Coinurance billed to program beneficiaries		97,159		63.00
64.00	Allowable bad debts (see instructions)		410,545		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		287,382		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,719		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,832,581		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)		36,832,581		71.00
72.00	Interim payments		35,896,732		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)		935,849		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		322,873		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: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet E Part B Date/Time Prepared: 4/27/2012 12:17 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,184	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,182,388	2.00
3.00	PPS payments		9,371,353	3.00
4.00	Outlier payment (see instructions)		2,311,546	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)		19,184	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,184	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)		19,184	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		19,184	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)		19,184	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)		4,570,625	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,682,899	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,000,334	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)		13,272,374	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,644,732	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,917,106	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		14,917,106	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)		241,548	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		169,084	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		128,743	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		15,086,190	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)		15,086,190	40.00
41.00	Interim payments		10,243,574	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)		4,842,616	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
4/27/2012 12:17 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		36,016,721		9,947,650	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		300,915		139,767	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	06/24/2011	184,345	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	06/24/2011	92,784		0	3.50
3.51		11/28/2011	328,120	11/28/2011	28,188	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)		-420,904		156,157	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)		35,896,732		10,243,574	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		935,849		4,842,616	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		36,832,581		15,086,190	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/27/2012 12:17 pm	
		Title XVII I	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.			526.48	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			65.83	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))			-60.00	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)			400.65	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			450.59	6.00
7.00	Enter the lesser of line 5 or line 6			400.65	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.	200.62	205.80	406.42	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.	178.38	182.99	361.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		9.47		10.00
11.00	Total weighted FTE count	178.38	192.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	167.36	190.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	191.45	200.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	179.06	194.32		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	179.06	194.32		17.00
18.00	Per resident amount	88,394.58	87,646.17		18.00
19.00	Approved amount for resident costs	15,827,933	17,031,404	32,859,337	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			49.94	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			32,859,337	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	12,300	700		26.00
27.00	Total Inpatient Days	115,731	115,731		27.00
28.00	Ratio of inpatient days to total inpatient days	0.106281	0.006049		28.00
29.00	Program direct GME amount	3,492,323	198,766		29.00
30.00	Reduction for nursing/allied health		28,086		30.00
31.00	Net Program direct GME amount			3,663,003	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet E-4 Date/Time Prepared: 4/27/2012 12:17 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)			5,552,072 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)			38,931,345 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			1,283,797 39.00
40.00	Primary payer payments (see instructions)			0 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			40,215,142 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			32,772,197 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			32,772,197 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			72,987,339 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.550988 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.449012 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			3,663,003 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			2,018,271 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,644,732 50.00

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

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet G
Date/Time Prepared:
4/27/2012 12:17 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	417,271,709	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	88,460,736	0	0	0	4.00
5.00	Other receivable	91,928,191	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,621,891	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-123,545,932	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	476,736,595	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	530,967,915	0	0	0	15.00
16.00	Accumulated depreciation	-166,583,336	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	136,207,897	0	0	0	23.00
24.00	Accumulated depreciation	-105,564,193	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	395,028,283	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	871,764,878	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	31,221,816	0	0	0	37.00
38.00	Salaries, wages, and fees payable	38,507,504	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	56,637,167	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	448,308	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	126,814,795	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	6,794,845	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,794,845	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	133,609,640	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	738,155,238				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	738,155,238	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	871,764,878	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-1

Date/Time Prepared:
4/27/2012 12:17 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		313,716,698		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,733,349			2.00
3.00	Total (sum of line 1 and line 2)		318,450,047		0	3.00
4.00	INVESTMENTS IN CAPITAL ASSESTS	395,028,283		0		4.00
5.00	DEPRECIATION	24,676,908		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)		419,705,191		0	10.00
11.00	Subtotal (line 3 plus line 10)		738,155,238		0	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)		738,155,238		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-1

Date/Time Prepared:
4/27/2012 12:17 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 INVESTMENTS IN CAPITAL ASSESTS	0		0			4.00
5.00 DEPREI CATION	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 Deducti ons (debi t adj ustments) (speci fy)	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)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
4/27/2012 12:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	187,543,043		187,543,043	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	187,543,043		187,543,043	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	24,094,945		24,094,945	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	3,698,945		3,698,945	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	8,268,951		8,268,951	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	3,299,690		3,299,690	14.01
14.02	TRAUMA INTENSIVE CARE UNIT	10,783,378		10,783,378	14.02
14.03	NEURO INTENSIVE CARE UNIT	7,011,383		7,011,383	14.03
14.04	NEONATAL INTENSIVE CARE UNIT	30,558,567		30,558,567	14.04
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	87,715,859		87,715,859	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	275,258,902		275,258,902	17.00
18.00	Ancillary services	158,822,361	328,419,908	487,242,269	18.00
19.00	Outpatient services	0	135,802,885	135,802,885	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	STROGER PRO FEE CHARGES	0	16,182,813	16,182,813	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	434,081,263	480,405,606	914,486,869	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		642,443,365		29.00
30.00	DEPRECIATION	18,292,819			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)		18,292,819		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)		660,736,184		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet G-3

Date/Time Prepared:
4/27/2012 12:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	914,486,869	1.00
2.00	Less contractual allowances and discounts on patients' accounts	453,646,128	2.00
3.00	Net patient revenues (line 1 minus line 2)	460,840,741	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	660,736,184	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-199,895,443	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	100	6.00
7.00	Income from investments	19,563	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	2,570,504	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	396,682	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	263,993	16.00
17.00	Revenue from sale of drugs to other than patients	1,608	17.00
18.00	Revenue from sale of medical records and abstracts	106,827	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	200,059,016	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	MISCELLANEOUS INCOME	1,210,500	24.01
25.00	Total other income (sum of lines 6-24)	204,628,793	25.00
26.00	Total (line 5 plus line 25)	4,733,350	26.00
27.00	OTHER EXPENSES (SPECIFY)	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,733,349	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet I-1

Date/Time Prepared:
4/27/2012 12:17 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	958,689	Hours of Service	21,850.50	10.51	1.00
2.00	Licensed Practical Nurses	178,390	Hours of Service	6,984.60	3.36	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	172,788	Hours of Service	4,842.80	2.33	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	1,335,149	Accumulated Cost			7.00
8.00	Non-patient Care Salary	208,944	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	2,853,960				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	95,714	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	560	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	2,950,234				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	49,386	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	9,355	Percentage of Time			19.00
20.00	Employee Benefits	887,616	Salary			20.00
21.00	Administrative & General	1,150,075	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	166,433	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	80,038	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	258,935	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	5,552,072				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	5,552,072				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140124		Period: From 12/01/2010 To 11/30/2011		Worksheet 1-2 Date/Time Prepared: 4/27/2012 12:17 pm	
				Renal Dialysis		PPS	

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Bui l di ng	Equi pment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	215,819	9,355	958,689	351,178	887,616	1.00
MAINTENANCE							
2.00	Hemodialysis	161,818	7,014	538,978	206,258	499,021	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	54,001	2,341	419,711	144,920	388,595	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	215,819	9,355	958,689	351,178	887,616	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet 1-2 Date/Time Prepared: 4/27/2012 12:17 pm
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		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	0	175,752	0	2,598,409	2,953,663	1.00
MAINTENANCE							
2.00	Hemodialysis	0	98,808	0	1,511,897	1,718,603	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	76,944	0	1,086,512	1,235,060	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	0	0	0	0	0	14.00
15.00	ARANESP (include in Renal Department)	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	0	175,752	0	2,598,409	2,953,663	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet 1-2 Date/Time Prepared: 4/27/2012 12:17 pm
			Renal Dialysis	PPS

		Total (col. 9 + col. 10) 11.00		
1.00	Total Renal Department Costs	5,552,072		1.00
MAINTENANCE				
2.00	Hemodialysis	3,230,500		2.00
3.00	Intermittent Peritoneal	0		3.00
TRAINING				
4.00	Hemodialysis	0		4.00
5.00	Intermittent Peritoneal	0		5.00
6.00	CAPD	0		6.00
7.00	CCDP	0		7.00
HOME				
8.00	Hemodialysis	0		8.00
9.00	Intermittent Peritoneal	0		9.00
10.00	CAPD	0		10.00
11.00	CCDP	0		11.00
OTHER BILLABLE SERVICES				
12.00	Inpatient Dialysis	2,321,572		12.00
13.00	Method II Home Patient	0		13.00
14.00	EPO (include in Renal Department)			14.00
15.00	ARANESP (include in Renal Department)			15.00
16.00	Other	0		16.00
17.00	Total (sum of lines 2-16)	5,552,072		17.00
18.00	Medical Educational Program Costs	0		18.00
19.00	Total Renal Costs (line 17 + line 18)	5,552,072		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet 1-3 Date/Time Prepared: 4/27/2012 12:17 pm
			Renal Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
							0
1.00	Total Renal Department Costs		215,819	9,355	958,689	351,178	1.00
MAINTENANCE							
2.00	Hemodialysis		1,744	74.98	12,284.42	7,557.91	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	2,059	582	25.02	9,566.08	5,310.32	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		2,326	100.00	21,850.50	12,868.23	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		92.785469	93.550000	43.874923	27.290311	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet 1-3

Date/Time Prepared:
4/27/2012 12:17 pm

		Renal Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	887,616	0	175,752	0	2,598,409	1.00
MAINTENANCE							
2.00	Hemodialysis	1,604,506	0	53,810	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,249,455	0	41,903	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		0				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	2,853,961	0	95,713	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.311012	0.000000	1.836240	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet 1-3

Date/Time Prepared:
4/27/2012 12:17 pm

		Overhead (Accum. Cost)	Renal Dialysis	PPS
		10.00		
1.00	Total Renal Department Costs	2,953,663		1.00
MAINTENANCE				
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
TRAINING				
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
HOME				
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
OTHER BILLABLE SERVICES				
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	2,598,409		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.136720		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet 1-4

Date/Time Prepared:
4/27/2012 12:17 pm

		Rate 0			Renal Dialysis	PPS	
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	4,105	3,230,500	786.97	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,105	3,230,500		0	0	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet 1-4

Date/Time Prepared:
4/27/2012 12:17 pm

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

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140124

Period:
From 12/01/2010
To 11/30/2011

Worksheet I-5

Date/Time Prepared:
4/27/2012 12:17 pm

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

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140124	Period: From 12/01/2010 To 11/30/2011	Worksheet L Parts I-III Date/Time Prepared: 4/27/2012 12:17 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,367,300	1.00
2.00	Capital DRG outlier payments		522,621	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		317.07	3.00
4.00	Number of interns & residents (see instructions)		412.42	4.00
5.00	Indirect medical education percentage (see instructions)		44.35	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		606,398	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.47	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		43.71	8.00
9.00	Sum of lines 7 and 8		55.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		11.82	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		161,615	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,657,934	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