

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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/30/2012 10:14 am
--	----------------------	---	---

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input 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: 1/30/2012	Time: 10:14 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 GENESIS MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	2,158,342	227,105	0	0
2.00 Subprovider - IPF	0	-9,456	0	0	0
3.00 Subprovider - IRF	0	46,827	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	2,195,713	227,105	0	0

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: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:11 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 1227 EAST RUSHOLME		PO Box:									
2.00 City: DAVENPORT		State: IA		Zip Code: 52803-		County: SCOTT					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00 Hospital		GENESIS MEDICAL CENTER		160033	19340	1	07/01/1984	N	P	O	3.00
4.00 Subprovider - IPF		GMC PSYCH		16S033	19340	4	07/01/1984	N	P	N	4.00
5.00 Subprovider - IRF		GMC REHABILITATION		16T033	19340	5	07/01/1984	N	P	N	5.00
6.00 Subprovider - (Other)											6.00
7.00 Swing Beds - SNF								N	N	N	7.00
8.00 Swing Beds - NF								N		N	8.00
9.00 Hospital-Based SNF											9.00
10.00 Hospital-Based NF											10.00
11.00 Hospital-Based 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		GMC RENAL		162303	19340		07/01/1984				18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							07/01/2010	06/30/2011		20.00	
21.00 Type of Control (see instructions)							2		21.00		
Inpatient PPS Information											
22.00 Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
23.00 Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.							3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00 If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.		10,424	1,034	1,466	457	0	0		24.00		
25.00 If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.		863	56	56	34	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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:11 am		
		Beginning:	Ending:			
		1.00	2.00			
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		
<b>Prospective Payment System (PPS)-Capital</b>						
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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:11 am	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	10.67	7.38	0.591136		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	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N	86.00
				V	XIX		
				1.00	2.00		
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:11 am	
			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
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
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
<b>All Providers</b>					
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	H55790	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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05101	
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:			
143.00	City: DAVENPORT	State: IA		Zip Code: 52803-2459	
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 10:11 am	
					1.00		2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N		149.00	
					Part A 1.00		Part B 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	
156.00	Subprovider - IPF				N		N	
157.00	Subprovider - IRF				N		N	
158.00	Subprovider - Other				N		N	
159.00	SNF				N		N	
160.00	HHA				N		N	
161.00	CMHC						N	
							1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	
		Name		County	State	Zip Code	CBSA	FTE/Campus
		0		1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	
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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 10:11 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.				10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		10/20/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 10:11 am
---	--	----------------------	---	---

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		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
<b>Interest Expense</b>					
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.		Y		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 160033

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/20/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/30/2012 10:11 am
--	--	----------------------	---	--

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	239	87,235	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)		239	87,235	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00		9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		281	102,565	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	19	6,935			16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,235			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)		339				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	30,013	6,613	55,883		1.00
2.00 HMO		4,756	2,698			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	152			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	30,013	6,613	55,883		7.00
8.00 INTENSIVE CARE UNIT	0	2,852	328	4,846		8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	0	1,927	3,393		9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		1,815	4,511		13.00
14.00 Total (see instructions)	0	32,865	10,683	68,633		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,426	107	4,718		16.00
17.00 SUBPROVIDER - IRF	0	5,931	857	10,050		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		941	3,072		28.00
28.01 SUBPROVIDER - IPF	0	5	3	8		28.01
28.02 SUBPROVIDER - IRF	0	9	0	9		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				1,358		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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/30/2012 10:11 am
--	----------------------	---	--

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	7,766	1.00
2.00 HMO					1,027	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
9.01 NICU						9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	17.83	1,682.81	0.00	0	7,766	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.67	23.03	0.00	0	186	16.00
17.00 SUBPROVIDER - IRF	0.00	50.46	0.00	0	332	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)	18.50	1,756.30	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	3,197	17,583		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
9.01 NICU				9.01
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	3,197	17,583		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	24	900		16.00
17.00 SUBPROVIDER - IRF	32	570		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 10:11 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		

PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	88,983,668	0	0	88,983,668	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		4,189,865	0	1,958,598	6,148,463	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,141,261	0	0	1,141,261	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		407,854	0	0	407,854	13.00
14.00	Home office salaries & wage-related costs		24,931,046	0	0	24,931,046	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		27,872,029	0	0	27,872,029	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		2,337,364	0	0	2,337,364	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	64,009	0	0	64,009	26.00
27.00	Administrative & General	5.00	3,436,297	0	-1,060,035	2,376,262	27.00
28.00	Administrative & General under contract (see inst.)		1,367,419	0	0	1,367,419	28.00
29.00	Maintenance & Repairs	6.00	3,493,167	0	0	3,493,167	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	168,506	0	0	168,506	31.00
32.00	Housekeeping	9.00	2,310,205	0	-281,178	2,029,027	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	2,701,374	0	-2,701,374	0	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	568,003	568,003	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,407,140	0	0	1,407,140	38.00
39.00	Central Services and Supply	14.00	1,385,948	0	0	1,385,948	39.00
40.00	Pharmacy	15.00	3,871,989	0	0	3,871,989	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0	41.00
42.00	Social Service	17.00	774,051	0	0	774,051	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 10:11 am
---------------------------------	--	----------------------	---	---

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART II - WAGE DATA</b>				
<b>SALARIES</b>				
1.00	Total salaries (see instructions)	3,322,337.00	26.78	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	313,977.00	19.58	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>				
11.00	Contract labor (see instructions)	8,070.00	141.42	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	3,027.00	134.74	13.00
14.00	Home office salaries & wage-related costs	632,816.00	39.40	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>				
26.00	Employee Benefits	4,209.00	15.21	26.00
27.00	Administrative & General	112,579.00	21.11	27.00
28.00	Administrative & General under contract (see inst.)	5,625.00	243.10	28.00
29.00	Maintenance & Repairs	161,423.00	21.64	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	14,865.00	11.34	31.00
32.00	Housekeeping	151,523.00	13.39	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	38,910.00	14.60	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	49,735.00	28.29	38.00
39.00	Central Services and Supply	92,920.00	14.92	39.00
40.00	Pharmacy	114,867.00	33.71	40.00
41.00	Medical Records & Medical Records Library	0.00	0.00	41.00
42.00	Social Service	32,784.00	23.61	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
1/30/2012 10:11 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	90,351,087	0	0	90,351,087	1.00
2.00	Excluded area salaries (see instructions)	4,189,865	0	1,958,598	6,148,463	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,161,222	0	-1,958,598	84,202,624	3.00
4.00	Subtotal other wages & related costs (see inst.)	26,480,161	0	0	26,480,161	4.00
5.00	Subtotal wage-related costs (see inst.)	27,872,029	0	0	27,872,029	5.00
6.00	Total (sum of lines 3 thru 5)	140,513,412	0	-1,958,598	138,554,814	6.00
7.00	Total overhead cost (see instructions)	20,980,105	0	-3,474,584	17,505,521	7.00



HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/30/2012 10:11 am
---------------------------------	--	----------------------	---	--

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>				
1.00	Net salaries (see instructions)	3,327,962.00	27.15	1.00
2.00	Excluded area salaries (see instructions)	313,977.00	19.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	3,013,985.00	27.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	643,913.00	41.12	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	33.10	5.00
6.00	Total (sum of lines 3 thru 5)	3,657,898.00	37.88	6.00
7.00	Total overhead cost (see instructions)	779,440.00	22.46	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2012 10:11 am
-----------------------------	----------------------	---	---

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	6,619,404	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
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
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,085,258	8.00
9.00	Prescription Drug Plan	1,214,829	9.00
10.00	Dental, Hearing and Vision Plan	818,661	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	178,636	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)	415,207	14.00
15.00	'Workers' Compensation Insurance	1,564,305	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,491,231	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	63,591	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	24,726	22.00
23.00	Tuition Reimbursement	396,181	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,872,029	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/30/2012 10:11 am
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		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC			14.00
15.00	Hospital -Based Health Clinic FQHC			15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00			0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-5

Date/Time Prepared:  
1/30/2012 10:11 am

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	127	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	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	24	0	0	0		6.00
7.00	Treatment capacity per day per station	3	0				7.00
8.00	Utilization (see instructions)	0.89	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
<b>TRANSPLANT INFORMATION</b>							
11.00	Number of patients on transplant list	20					11.00
12.00	Number of patients transplanted during the cost reporting period	4					12.00
<b>EPOETIN</b>							
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
<b>ARANESP</b>							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	1,285,107					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	6,705					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
<b>PHYSICIAN PAYMENT METHOD</b>							
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-5

Date/Time Prepared:  
1/30/2012 10:11 am

		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
<b>TRANSPLANT INFORMATION</b>					
11.00	Number of patients on transplant list				11.00
12.00	Number of patients transplanted during the cost reporting period				12.00
<b>EPOETIN</b>					
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
<b>ARANESP</b>					
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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/30/2012 10:11 am
---	----------------------	---	---

			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.340002	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		24,669,485	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		86,207,662	6.00	
7.00	Medicaid cost (line 1 times line 6)		29,310,777	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)		4,641,292	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
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)		4,641,292	19.00	
			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	23,244,367	0	23,244,367	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,903,131	0	7,903,131	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)	7,903,131	0	7,903,131	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		18,099,704	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		475,520	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		17,624,184	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		5,992,258	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		13,895,389	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,536,681	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		11,958,953	11,958,953	226,730	12,185,683	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		6,932,431	6,932,431	0	6,932,431	2.00
4.00 EMPLOYEE BENEFITS	64,009	18,460,749	18,524,758	0	18,524,758	4.00
5.01 A&G SHARED	1,729,458	54,195,210	55,924,668	-13,855,743	42,068,925	5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL	1,706,839	4,375,070	6,081,909	11,013,540	17,095,449	5.02
6.00 MAINTENANCE & REPAIRS	3,493,167	4,414,354	7,907,521	-1,391,029	6,516,492	6.00
6.01 MOB I	0	0	0	-33,613	-33,613	6.01
6.02 MOB II	0	0	0	-29,113	-29,113	6.02
6.03 BETT MED PARK	0	0	0	-104,996	-104,996	6.03
6.04 NW CLINICS	0	0	0	-61,872	-61,872	6.04
6.05 CPMP I	0	0	0	-34,991	-34,991	6.05
6.06 CPMP II	0	0	0	-38,328	-38,328	6.06
6.07 BETT PLAZA	0	0	0	-166,476	-166,476	6.07
6.08 HEART INSTITUTE	0	0	0	-36,876	-36,876	6.08
6.09 53RD STREET	0	0	0	-62,505	-62,505	6.09
6.10 ELDRIDGE	0	0	0	-28,008	-28,008	6.10
7.00 OPERATION OF PLANT	0	0	0	1,987,807	1,987,807	7.00
8.00 LAUNDRY & LINEN SERVICE	168,506	179,187	347,693	0	347,693	8.00
9.00 HOUSEKEEPING	2,310,205	755,025	3,065,230	-373,072	2,692,158	9.00
10.00 DIETARY	2,701,374	2,026,456	4,727,830	-4,727,830	0	10.00
11.00 CAFETERIA	0	0	0	994,094	994,094	11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 NURSING ADMINISTRATION	1,407,140	219,746	1,626,886	0	1,626,886	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,385,948	1,021,833	2,407,781	0	2,407,781	14.00
15.00 PHARMACY	3,871,989	668,411	4,540,400	0	4,540,400	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	774,051	129,252	903,303	0	903,303	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,574,259	2,574,259	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	22,757,942	4,614,701	27,372,643	939,425	28,312,068	30.00
31.00 INTENSIVE CARE UNIT	2,904,039	862,909	3,766,948	31,904	3,798,852	31.00
32.01 NICU	1,309,825	202,453	1,512,278	0	1,512,278	32.01
40.00 SUBPROVIDER - IPF	1,368,458	345,897	1,714,355	257,103	1,971,458	40.00
41.00 SUBPROVIDER - IRF	2,289,521	390,458	2,679,979	261,488	2,941,467	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	6,307,555	6,791,237	13,098,792	0	13,098,792	50.00
54.00 RADIOLOGY-DIAGNOSTIC	4,877,077	2,436,614	7,313,691	0	7,313,691	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,644,515	3,474,185	6,118,700	0	6,118,700	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	2,535,133	2,093,148	4,628,281	0	4,628,281	59.00
60.00 LABORATORY	0	8,992,182	8,992,182	0	8,992,182	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	2,617,525	2,617,525	0	2,617,525	63.00
65.00 RESPIRATORY THERAPY	2,221,341	594,769	2,816,110	0	2,816,110	65.00
66.00 PHYSICAL THERAPY	8,512,512	2,027,516	10,540,028	-70,021	10,470,007	66.00
69.00 ELECTROCARDIOLOGY	1,889,179	1,385,400	3,274,579	0	3,274,579	69.00
70.00 ELECTROENCEPHALOGRAPHY	697,429	216,334	913,763	0	913,763	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,654,633	37,654,633	-25,865,355	11,789,278	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	25,865,355	25,865,355	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	15,930,580	15,930,580	-1,285,107	14,645,473	73.00
74.00 RENAL DIALYSIS	2,048,401	1,372,276	3,420,677	1,285,107	4,705,784	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	974,903	1,180,682	2,155,585	0	2,155,585	90.02
90.03 MARC	38,320	95,425	133,745	0	133,745	90.03
90.04 BARIATRIC CLINIC	340,415	538,543	878,958	0	878,958	90.04
90.05 PAIN MANAGEMENT	366,520	267,610	634,130	0	634,130	90.05
91.00 EMERGENCY	4,756,011	2,734,027	7,490,038	0	7,490,038	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	88,451,782	202,155,781	290,607,563	-2,728,123	287,879,440	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,658	1,658	190.00
190.01 AUXILIARY	6,286	63,869	70,155	34,508	104,663	190.01
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet A Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)			
	1.00	2.00	3.00	4.00	5.00			
191.00 RESEARCH	139,162	228,273	367,435	0	367,435	191.00		
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
192.01 NON REIMBURSEABLE COST	101,851	187,758	289,609	108,558	398,167	192.01		
192.02 FOUNDATION	0	656	656	2,749	3,405	192.02		
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03		
192.04 OUTREACH PROGRAMS	21,999	2,232,150	2,254,149	4,491	2,258,640	192.04		
192.05 PHASE III REHAB	85,588	10,232	95,820	15,983	111,803	192.05		
192.06 AFFILIATES	0	0	0	0	0	192.06		
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07		
192.08 ENVIRONMENTAL SVCS - OUTREACH	177,000	32,845	209,845	2,560,176	2,770,021	192.08		
200.00 TOTAL (SUM OF LINES 118-199)	88,983,668	204,911,564	293,895,232	0	293,895,232	200.00		



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 10:11 am
---	----------------------	---	--

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-3,030,168	9,155,515	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,846,062	13,778,493	2.00
4.00	EMPLOYEE BENEFITS	-4,276,595	14,248,163	4.00
5.01	A&G SHARED	-17,011,432	25,057,493	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	9,697,898	26,793,347	5.02
6.00	MAINTENANCE & REPAIRS	-85,919	6,430,573	6.00
6.01	MOB I	725,106	691,493	6.01
6.02	MOB II	795,901	766,788	6.02
6.03	BETT MED PARK	707,639	602,643	6.03
6.04	NW CLINICS	366,916	305,044	6.04
6.05	CPMP I	773,966	738,975	6.05
6.06	CPMP II	858,576	820,248	6.06
6.07	BETT PLAZA	992,214	825,738	6.07
6.08	HEART INSTITUTE	1,776,746	1,739,870	6.08
6.09	53RD STREET	325,873	263,368	6.09
6.10	ELDRIDGE	151,713	123,705	6.10
7.00	OPERATION OF PLANT	0	1,987,807	7.00
8.00	LAUNDRY & LINEN SERVICE	-104,415	243,278	8.00
9.00	HOUSEKEEPING	-6,478	2,685,680	9.00
10.00	DIETARY	-19,538	-19,538	10.00
11.00	CAFETERIA	0	994,094	11.00
11.01	EMPLOYEE CAFETERIA	0	0	11.01
13.00	NURSING ADMINISTRATION	-11,760	1,615,126	13.00
14.00	CENTRAL SERVICES & SUPPLY	-39,860	2,367,921	14.00
15.00	PHARMACY	-165,241	4,375,159	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	SOCIAL SERVICE	0	903,303	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,574,259	22.00
23.00	PARAMED PRGM-(SPECIFY)	52,197	52,197	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-23,225	28,288,843	30.00
31.00	INTENSIVE CARE UNIT	-32,254	3,766,598	31.00
32.01	NICU	0	1,512,278	32.01
40.00	SUBPROVIDER - IPF	0	1,971,458	40.00
41.00	SUBPROVIDER - IRF	0	2,941,467	41.00
43.00	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-968,841	12,129,951	50.00
54.00	RADIOLOGY-DIAGNOSTIC	-301,502	7,012,189	54.00
55.00	RADIOLOGY-THERAPEUTIC	-443,694	5,675,006	55.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	-118,065	4,510,216	59.00
60.00	LABORATORY	0	8,992,182	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,617,525	63.00
65.00	RESPIRATORY THERAPY	-2,343	2,813,767	65.00
66.00	PHYSICAL THERAPY	-570,752	9,899,255	66.00
69.00	ELECTROCARDIOLOGY	-872,684	2,401,895	69.00
70.00	ELECTROENCEPHALOGRAPHY	-42,991	870,772	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,789,278	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	25,865,355	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	14,645,473	73.00
74.00	RENAL DIALYSIS	-402,268	4,303,516	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FIRST MED	0	0	90.01
90.02	OP INSTITUTES	-589,620	1,565,965	90.02
90.03	MARC	-87,534	46,211	90.03
90.04	BARIATRIC CLINIC	-453,060	425,898	90.04
90.05	PAIN MANAGEMENT	-174,839	459,291	90.05
91.00	EMERGENCY	-1,423,475	6,066,563	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	4,949,085	4,949,085	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,238,661	285,640,779	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,658	190.00
190.01	AUXILIARY	0	104,663	190.01
190.02	FIRST MED CLINICS	0	0	190.02
190.03	EAP	0	0	190.03
191.00	RESEARCH	0	367,435	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 10:11 am
---	--	----------------------	---	--

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
192.01 NON REIMBURSEABLE COST	-39,169	358,998	192.01
192.02 FOUNDATION	0	3,405	192.02
192.03 OP REHAB - DEWITT	0	0	192.03
192.04 OUTREACH PROGRAMS	-17,226	2,241,414	192.04
192.05 PHASE III REHAB	0	111,803	192.05
192.06 AFFILIATES	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	2,770,021	192.08
200.00 TOTAL (SUM OF LINES 118-199)	-2,295,056	291,600,176	200.00

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6

Date/Time Prepared:  
1/30/2012 10:11 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PATIENT SWITCHBOARD COSTS</b>					
1.00	NON REIMBURSEABLE COST	192.01	38,238	2,976	1.00
	TOTALS		38,238	2,976	
<b>B - REHAB COORDINATOR</b>					
1.00	SUBPROVIDER - IRF	41.00	60,806	9,215	1.00
	TOTALS		60,806	9,215	
<b>C - PROPERTY INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	226,730	1.00
	TOTALS		0	226,730	
<b>D - HOUSEKEEPING/PLANT/MAINT COSTS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	596,778	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	596,778	
<b>E - RESIDENT AND TEACHING COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,021,797	1,552,462	1.00
	TOTALS		1,021,797	1,552,462	
<b>F - UTILITY EXPENSE</b>					
1.00	OPERATION OF PLANT	7.00	0	1,987,807	1.00
	TOTALS		0	1,987,807	
<b>G - NON SHARED ADMIN EXPENSES</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	11,013,540	1.00
	TOTALS		0	11,013,540	
<b>H - ARANESP USAGE</b>					
1.00	RENAL DIALYSIS	74.00	0	1,285,107	1.00
	TOTALS		0	1,285,107	
<b>I - HOUSEKEEPING RELCASS</b>					
1.00	SUBPROVIDER - IPF	40.00	96,507	31,541	1.00
2.00	SUBPROVIDER - IRF	41.00	89,154	29,137	2.00
3.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,250	408	3.00
4.00	AUXILIARY	190.01	26,008	8,500	4.00
5.00	NON REIMBURSEABLE COST	192.01	50,756	16,588	5.00
6.00	FOUNDATION	192.02	2,072	677	6.00
7.00	OUTREACH PROGRAMS	192.04	3,385	1,106	7.00
8.00	PHASE III REHAB	192.05	12,046	3,937	8.00
	TOTALS		281,178	91,894	
<b>J - NON-ALLOWABLE EMPLOYEE MEALS</b>					
1.00	CAFETERIA	11.00	568,003	426,091	1.00
2.00	ADULTS & PEDIATRICS	30.00	536,766	402,659	2.00
3.00	INTENSIVE CARE UNIT	31.00	18,229	13,675	3.00
4.00	SUBPROVIDER - IPF	40.00	73,739	55,316	4.00
5.00	SUBPROVIDER - IRF	41.00	41,811	31,365	5.00
6.00	ENVIRONMENTAL SVCS - OUTREACH	192.08	1,462,826	1,097,350	6.00
	TOTALS		2,701,374	2,026,456	
<b>K - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	25,865,355	1.00
	TOTALS		0	25,865,355	
500.00	Grand Total: Increases		4,103,393	44,658,320	500.00

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6

Date/Time Prepared:  
1/30/2012 10:11 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - PATIENT SWITCHBOARD COSTS</b>							
1.00	A&G SHARED	5.01	38,238	2,976	0		1.00
	TOTALS		38,238	2,976			
<b>B - REHAB COORDINATOR</b>							
1.00	PHYSICAL THERAPY	66.00	60,806	9,215	0		1.00
	TOTALS		60,806	9,215			
<b>C - PROPERTY INSURANCE</b>							
1.00	A&G SHARED	5.01	0	226,730	9		1.00
	TOTALS		0	226,730			
<b>D - HOUSEKEEPING/PLANT/MAINT COSTS</b>							
1.00	MOB I	6.01	0	33,613	0		1.00
2.00	MOB II	6.02	0	29,113	0		2.00
3.00	BETT MED PARK	6.03	0	104,996	0		3.00
4.00	NW CLINICS	6.04	0	61,872	0		4.00
5.00	CPMP I	6.05	0	34,991	0		5.00
6.00	CPMP II	6.06	0	38,328	0		6.00
7.00	BETT PLAZA	6.07	0	166,476	0		7.00
8.00	HEART INSTITUTE	6.08	0	36,876	0		8.00
9.00	53RD STREET	6.09	0	62,505	0		9.00
10.00	ELDRIDGE	6.10	0	28,008	0		10.00
	TOTALS		0	596,778			
<b>E - RESIDENT AND TEACHING COSTS</b>							
1.00	A&G SHARED	5.01	1,021,797	1,552,462	0		1.00
	TOTALS		1,021,797	1,552,462			
<b>F - UTILITY EXPENSE</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,987,807	0		1.00
	TOTALS		0	1,987,807			
<b>G - NON SHARED ADMIN EXPENSES</b>							
1.00	A&G SHARED	5.01	0	11,013,540	0		1.00
	TOTALS		0	11,013,540			
<b>H - ARANESP USAGE</b>							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,285,107	0		1.00
	TOTALS		0	1,285,107			
<b>I - HOUSEKEEPING RELCASS</b>							
1.00	HOUSEKEEPING	9.00	281,178	91,894	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		281,178	91,894			
<b>J - NON-ALLOWABLE EMPLOYEE MEALS</b>							
1.00	DIETARY	10.00	2,701,374	2,026,456	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		2,701,374	2,026,456			
<b>K - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	25,865,355	0		1.00
	TOTALS		0	25,865,355			
500.00	Grand Total: Decreases		4,103,393	44,658,320			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/30/2012 10:11 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,158,108	472,664	0	472,664	0 1.00
2.00	Land Improvements	12,828,916	1,604,819	0	1,604,819	0 2.00
3.00	Buildings and Fixtures	135,775,637	30,411,967	0	30,411,967	0 3.00
4.00	Building Improvements	14,249,852	5,396	0	5,396	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	126,483,542	19,238,691	0	19,238,691	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	294,496,055	51,733,537	0	51,733,537	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	294,496,055	51,733,537	0	51,733,537	0 10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,958,953	0	0	0	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,932,431	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	18,891,384	0	0	0	0 3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	200,507,359	0	200,507,359	0.579117	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	145,722,233	0	145,722,233	0.420883	0 2.00
3.00	Total (sum of lines 1-2)	346,229,592	0	346,229,592	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/30/2012 10:11 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,630,772	0		1.00	
2.00	Land Improvements	14,433,735	0		2.00	
3.00	Buildings and Fixtures	166,187,604	0		3.00	
4.00	Building Improvements	14,255,248	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	145,722,233	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	346,229,592	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	346,229,592	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,958,953		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,932,431		2.00	
3.00	Total (sum of lines 1-2)	0	18,891,384		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,498,569	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,778,493	0
3.00	Total (sum of lines 1-2)	0	0	0	26,277,062	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-3,343,054	0	0	0	9,155,515	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,778,493	2.00
3.00	Total (sum of lines 1-2)	-3,343,054	0	0	0	22,934,008	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:11 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-3,321,689		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	10,327,770		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests		0		0.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients		0		0.00
18.00	Sale of medical records and abstracts		0		0.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00
29.00	Physicians' assistant			0	0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	ADMINISTRATION - OTHER OPERATING REV	B	-50,963	A&G SHARED	5.01
34.00	ADMINISTRATION - DISCOUNTS EARNED	B	-134,351	A&G SHARED	5.01
35.00	ADMINISTRATION - VENDOR REBATES	B	6,451	A&G SHARED	5.01
36.00	ADMINISTRATION - MISCELLANEOUS REVENUE	B	-6,084	A&G SHARED	5.01
37.00	MAIL ROOM (USE 10.83110) - MISCELLANEOUS	B	-11,335	A&G SHARED	5.01
38.00	MEDICAL STAFF - DAVENPORT-OTHER OPER	B	-114,025	OTHER ADMINISTRATIVE AND GENERAL	5.02
39.00	SMALL POX IMMUNIZATION PROJECT-MISCELLANEOUS	B	-29,765	OTHER ADMINISTRATIVE AND GENERAL	5.02
41.00			0		0.00
41.01	SECURITY-OUTREACH REVENUE	B	3,393	MAINTENANCE & REPAIRS	6.00
41.02	GROUNDS-MISCELLANEOUS REVENUE	B	-31,743	MAINTENANCE & REPAIRS	6.00
41.03	MAINTENANCE-MISCELLANEOUS REVENUE	B	-21,855	MAINTENANCE & REPAIRS	6.00
41.04	BIOMED SERVICES-MISCELLANEOUS REVENUE	B	-35,714	MAINTENANCE & REPAIRS	6.00
42.00	LINEN SERVICES - MISCELLANEOUS REVENUE	B	-331	LAUNDRY & LINEN SERVICE	8.00
42.01	ENVIRONMENTAL SERVICES-MISCELLANEOUS	B	-1,678	HOUSEKEEPING	9.00
42.02	PATIENT SERVICES ADMIN. -MISCELLANEOUS	B	-10,760	NURSING ADMINISTRATION	13.00
42.03	DISTRIB.-E (USE 10.78020) - CASH SALES	B	-6,415	CENTRAL SERVICES & SUPPLY	14.00
42.04	DISTRIB.-E (USE 10.78020) - MISCELLANEOUS	B	-768	CENTRAL SERVICES & SUPPLY	14.00
42.05	PHARMACY - W-CASH SALES	B	-73,992	PHARMACY	15.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:11 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
42.06	PHARMACY - E-CASH SALES	B	-90,749	PHARMACY	15.00 42.06
43.00	PHARMACY - E-MI SCCELLANEOUS REVENUE	B	-500	PHARMACY	15.00 43.00
43.01	BIRTH CENTER-MI SCCELLANEOUS REVENUE	B	-23,225	ADULTS & PEDIATRICS	30.00 43.01
43.02	RADIOLOGY SERVICES ADMIN - E-MI SCCELL	B	-10	RADIOLOGY-DIAGNOSTIC	54.00 43.02
43.03	RADIOLOGY SERVICES ADMIN - W-MI SCCELL	B	-43	RADIOLOGY-DIAGNOSTIC	54.00 43.03
43.04	RADIOLOGY - W-MI SCCELLANEOUS REVENUE	B	1	RADIOLOGY-DIAGNOSTIC	54.00 43.04
43.05	RADIOLOGY - E-MI SCCELLANEOUS REVENUE	B	-2,446	RADIOLOGY-DIAGNOSTIC	54.00 43.05
43.06	RADIOLOGY SERVICES OUTREACH-MI SCCELLA	B	-55,971	RADIOLOGY-DIAGNOSTIC	54.00 43.06
43.07	BETTENDORF IMAGING CENTER-MI SCCELLANE	B	-135	RADIOLOGY-DIAGNOSTIC	54.00 43.07
43.08	ULTRASOUND-E-MI SCCELLANEOUS REVENUE	B	-440	RADIOLOGY-THERAPEUTIC	54.00 43.08
43.09	ELECTRONIC BRACHYTHERAPY-OUTREACH RE	B	5,068	RADIOLOGY-THERAPEUTIC	55.00 43.09
43.10	CANCER CENTER-MI SCCELLANEOUS REVENUE	B	-27,226	RADIOLOGY-THERAPEUTIC	55.00 43.10
43.11	CENTER FOR BREAST HEALTH - E-MI SCCELL	B	-685	RADIOLOGY-THERAPEUTIC	55.00 43.11
43.12	PULMONARY REHABILITATION-MI SCCELLANEO	B	-2,273	RESPIRATORY THERAPY	65.00 43.12
43.13	P. T. CLINIC WEST-VALLEY FAIR-MI SCCELL	B	-1,994	PHYSICAL THERAPY	66.00 43.13
43.14	P. T. - CROW VALLEY-MI SCCELLANEOUS REV	B	-1,764	PHYSICAL THERAPY	66.00 43.14
43.15	P. T. - LECLAI RE-MI SCCELLANEOUS REVENU	B	-82	PHYSICAL THERAPY	66.00 43.15
43.16	REHAB O. P. (BETT)-MI SCCELLANEOUS REVEN	B	-9,862	PHYSICAL THERAPY	66.00 43.16
43.17	RECREATION THERAPY-W-MI SCCELLANEOUS R	B	-1,730	PHYSICAL THERAPY	66.00 43.17
43.18	SPORTS PERFORMANCE-MI SCCELLANEOUS REV	B	-143,926	PHYSICAL THERAPY	66.00 43.18
43.19	REHAB PEDIATRICS (MMP)-MI SCCELLANEOUS	B	-1,966	PHYSICAL THERAPY	66.00 43.19
44.01	CARDIOGRAPHICS-MI SCCELLANEOUS REVENUE	B	-2,625	ELECTROCARDIOLOGY	69.00 44.01
44.02			0		0.00 44.02
44.03	CARDIAC CATH LAB-MI SCCELLANEOUS REVEN	B	-823	CARDIAC CATHETERIZATION	59.00 44.03
44.04	NEURODIAGNOSTICS-MI SCCELLANEOUS REVEN	B	-11,100	ELECTROENCEPHALOGRAPHY	70.00 44.04
44.05	DIALYSIS OUTREACH-OUTREACH REVENUE	B	-170,682	RENAL DIALYSIS	74.00 44.05
45.00	DIABETES INSTITUTE-MI SCCELLANEOUS REV	B	-24,218	OP INSTITUTES	90.02 45.00
45.01	WOUND OSTOMY INSTITUTE-MI SCCELLANEOUS	B	-759	OP INSTITUTES	90.02 45.01
45.02	BARITRIC SURGERY CLINIC-MI SCCELLANEO	B	-605	BARITRIC CLINIC	90.04 45.02
45.03	PAIN MANAGEMENT - BETTENDORF-MI SCCELL	B	-2,762	PAIN MANAGEMENT	90.05 45.03
45.04	PATIENT SERVICES ADMIN. -DONATIONS	A	-1,000	NURSING ADMINISTRATION	13.00 45.04
45.05	OR GENERAL - W-DONATIONS	A	-11,652	OPERATING ROOM	50.00 45.05
45.06	ENDOSCOPY-DONATIONS	A	-1,409	OPERATING ROOM	50.00 45.06
45.07	CARDIAC CATH LAB-DONATIONS	A	-67,643	CARDIAC CATHETERIZATION	59.00 45.07
45.08	DISTRIB. - W (USE 10.78020) - DONATI	A	-8,823	CENTRAL SERVICES & SUPPLY	14.00 45.08
45.09	DISTRIB.-E (USE 10.78020) - DONATION	A	-23,854	CENTRAL SERVICES & SUPPLY	14.00 45.09
45.10	ADMINISTRATION - DONATIONS	A	-228,959	A&G SHARED	5.01 45.10
45.11	MEDICAL STAFF - DAVENPORT-DONATIONS	A	-1,559	OTHER ADMINISTRATIVE AND GENERAL	5.02 45.11
45.12	INTEREST INCOME	B	-3,308,570	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.12
45.13	INTEREST EXPENSE 97 BONDS	A	-34,484	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.13
45.14	ADVERTISING	A	-25,638	A&G SHARED	5.01 45.14
45.15	ADVERTISING	A	-21,209	PHYSICAL THERAPY	66.00 45.15
45.16	ADVERTISING	A	-6,098	CARDIAC CATHETERIZATION	59.00 45.16
45.17	ADVERTISING	A	-36	ELECTROENCEPHALOGRAPHY	70.00 45.17
45.18	ADVERTISING	A	-218	OP INSTITUTES	90.02 45.18
45.19	SELF INSURANCE OFFSET	A	-4,427,237	EMPLOYEE BENEFITS	4.00 45.19
45.20	NON ALLOWABLE LOBBYING FEES	A	-39,281	OTHER ADMINISTRATIVE AND GENERAL	5.02 45.20
45.21			0		0.00 45.21
45.22			0		0.00 45.22
45.23			0		0.00 45.23
45.24			0		0.00 45.24
45.25			0		0.00 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,295,056		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:11 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	ADMINISTRATION - OTHER OPERATING REV	0	33.00
34.00	ADMINISTRATION - DISCOUNTS EARNED	0	34.00
35.00	ADMINISTRATION - VENDOR REBATES	0	35.00
36.00	ADMINISTRATION - MISCELLANEOUS REVEN	0	36.00
37.00	MAILROOM (USE 10.83110) - MISCELLANE	0	37.00
38.00	MEDICAL STAFF - DAVENPORT-OTHER OPER	0	38.00
39.00	SMALL POX IMMUNIZATION PROJECT-MISCE	0	39.00
41.00		0	41.00
41.01	SECURITY-OUTREACH REVENUE	0	41.01
41.02	GROUNDS-MISCELLANEOUS REVENUE	0	41.02
41.03	MAINTENANCE-MISCELLANEOUS REVENUE	0	41.03
41.04	BIOMED SERVICES-MISCELLANEOUS REVENU	0	41.04
42.00	LINEN SERVICES - MISCELLANEOUS REVEN	0	42.00
42.01	ENVIRONMENTAL SERVICES-MISCELLANEOUS	0	42.01
42.02	PATIENT SERVICES ADMIN. -MISCELLANEOU	0	42.02
42.03	DISTRIB. -E (USE 10.78020) - CASH SAL	0	42.03
42.04	DISTRIB. -E (USE 10.78020) - MISCELLA	0	42.04
42.05	PHARMACY - W-CASH SALES	0	42.05
42.06	PHARMACY - E-CASH SALES	0	42.06
43.00	PHARMACY - E-MISCELLANEOUS REVENUE	0	43.00
43.01	BIRTH CENTER-MISCELLANEOUS REVENUE	0	43.01
43.02	RADIOLOGY SERVICES ADMIN - E-MISCELL	0	43.02
43.03	RADIOLOGY SERVICES ADMIN - W-MISCELL	0	43.03
43.04	RADIOLOGY - W-MISCELLANEOUS REVENUE	0	43.04
43.05	RADIOLOGY - E-MISCELLANEOUS REVENUE	0	43.05
43.06	RADIOLOGY SERVICES OUTREACH-MISCELLA	0	43.06
43.07	BETTENDORF IMAGING CENTER-MISCELLANE	0	43.07
43.08	ULTRASOUND-E-MISCELLANEOUS REVENUE	0	43.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:  
1/30/2012 10:11 am

		Wkst. A-7 Ref.	
		5.00	
43.09	ELECTRONIC BRACHYTHERAPY-OUTREACH RE	0	43.09
43.10	CANCER CENTER-MI SCCELLANEOUS REVENUE	0	43.10
43.11	CENTER FOR BREAST HEALTH - E-MI SCELL	0	43.11
43.12	PULMONARY REHABILITATION-MI SCCELLANEO	0	43.12
43.13	P. T. CLINIC WEST-VALLEY FAIR-MI SCELL	0	43.13
43.14	P. T. - CROW VALLEY-MI SCCELLANEOUS REV	0	43.14
43.15	P. T. - LECLAI RE-MI SCCELLANEOUS REVENU	0	43.15
43.16	REHAB O. P. (BETT)-MI SCCELLANEOUS REVEN	0	43.16
43.17	RECREATION THERAPY-W-MI SCCELLANEOUS R	0	43.17
43.18	SPORTS PERFORMANCE-MI SCCELLANEOUS REV	0	43.18
43.19	REHAB PEDIATRICS (MMP)-MI SCCELLANEOUS	0	43.19
44.01	CARDIOGRAPHICS-MI SCCELLANEOUS REVENUE	0	44.01
44.02		0	44.02
44.03	CARDIAC CATH LAB-MI SCCELLANEOUS REVEN	0	44.03
44.04	NEURODIAGNOSTICS-MI SCCELLANEOUS REVEN	0	44.04
44.05	DIALYSIS OUTREACH-OUTREACH REVENUE	0	44.05
45.00	DIABETES INSTITUTE-MI SCCELLANEOUS REV	0	45.00
45.01	WOUND OSTOMY INSTITUTE-MI SCCELLANEOUS	0	45.01
45.02	BARIATRIC SURGERY CLINIC-MI SCCELLANEO	0	45.02
45.03	PAIN MANAGEMENT - BETTENDORF-MI SCELL	0	45.03
45.04	PATIENT SERVICES ADMIN. -DONATIONS	0	45.04
45.05	OR GENERAL - W-DONATIONS	0	45.05
45.06	ENDOSCOPY-DONATIONS	0	45.06
45.07	CARDIAC CATH LAB-DONATIONS	0	45.07
45.08	DISTRIB. - W (USE 10.78020) - DONATI	0	45.08
45.09	DISTRIB. -E (USE 10.78020) - DONATION	0	45.09
45.10	ADMINISTRATION - DONATIONS	0	45.10
45.11	MEDICAL STAFF - DAVENPORT-DONATIONS	0	45.11
45.12	INTEREST INCOME	11	45.12
45.13	INTEREST EXPENSE 97 BONDS	11	45.13
45.14	ADVERTISING	0	45.14
45.15	ADVERTISING	0	45.15
45.16	ADVERTISING	0	45.16
45.17	ADVERTISING	0	45.17
45.18	ADVERTISING	0	45.18
45.19	SELF INSURANCE OFFSET	0	45.19
45.20	NON ALLOWABLE LOBBYING FEES	0	45.20
45.21		0	45.21
45.22		0	45.22
45.23		0	45.23
45.24		0	45.24
45.25		0	45.25
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: 160033

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

Worksheet A-8-1

Date/Time Prepared:  
1/30/2012 10:11 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0.00			1.00
2.00	5.01	A&G SHARED	RELATED RENT EXP	2.00
3.00	9.00	HOUSEKEEPING	RELATED RENT EXP	3.00
4.00	10.00	DIETARY	RELATED RENT EXP	4.00
4.01	50.00	OPERATING ROOM	RELATED RENT EXP	4.01
4.02	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	4.02
4.03	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	4.03
4.04	66.00	PHYSICAL THERAPY	RELATED RENT EXP	4.04
4.05	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	4.05
4.06	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	4.06
4.07	74.00	RENAL DIALYSIS	RELATED RENT EXP	4.07
4.08	90.02	OP INSTITUTES	RELATED RENT EXP	4.08
4.09	90.04	BARIATRIC CLINIC	RELATED RENT EXP	4.09
4.10	90.05	PAIN MANAGEMENT	RELATED RENT EXP	4.10
4.11	192.01	NON REIMBURSEABLE COST	RELATED RENT EXP	4.11
4.13	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	4.13
4.14	6.01	MOB I	GEN VEN BLDG COST	4.14
4.15	6.02	MOB II	GEN VEN BLDG COST	4.15
4.16	6.03	BETT MED PARK	GEN VEN BLDG COST	4.16
4.17	6.04	NW CLINICS	GEN VEN BLDG COST	4.17
4.18	6.05	CPMP I	GEN VEN BLDG COST	4.18
4.19	6.06	CPMP II	GEN VEN BLDG COST	4.19
4.20	6.07	BETT PLAZA	GEN VEN BLDG COST	4.20
4.21	6.08	HEART INSTITUTE	GEN VEN BLDG COST	4.21
4.22	6.09	53RD STREET	GEN VEN BLDG COST	4.22
4.23	6.10	ELDRIDGE	GEN VEN BLDG COST	4.23
4.24	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	4.24
4.25	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	4.25
4.26	5.01	A&G SHARED	HOME OFFICE A&G	4.26
4.27	5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE A&G	4.27
4.28	23.00	PARAMED ED PRGM-(SPECIFY)	PASTORAL CARE	4.28
4.29	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	4.29
4.30	4.00	EMPLOYEE BENEFITS	EE PRESCRIPTION	4.30
4.31	95.00	AMBULANCE SERVICES	MEDIC	4.31
4.32	5.02	OTHER ADMINISTRATIVE AND GENERAL	MEDIC TRANSPORTATION	4.32
4.33	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	I&R	4.33
4.34	55.00	RADIOLOGY-THERAPEUTIC	RADIATION THERAPY	4.34
4.36	60.00	LABORATORY	LAB	4.36
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00			0.00	6.00
7.00	C	DAVENPORT HOSPITAL AMB. C	0.00	7.00
8.00	C	GEN MED ED FOUNDATION	0.00	8.00
9.00	C	GENESIS MEDICAL GROUP	0.00	9.00
10.00	C	EA IALITHOTRIPSY	0.00	10.00
10.01	C	METRO LAB	0.00	10.01
10.02	C	CRESCENT LAUNDRY	0.00	10.02
10.03	C	GENESIS HEALTH SYSTEM	0.00	10.03
10.04	C	GENMED	0.00	10.04
100.00	G. Other (financial or non-financial) specify:			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/30/2012 10:11 am
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

(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: 160033

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

Worksheet A-8-1

Date/Time Prepared: 1/30/2012 10:11 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		0	0	0	1.00
2.00		0	113,206	-113,206	2.00
3.00		0	4,800	-4,800	3.00
4.00		0	19,538	-19,538	4.00
4.01		0	337,987	-337,987	4.01
4.02		0	242,458	-242,458	4.02
4.03		0	596,699	-596,699	4.03
4.04		0	388,219	-388,219	4.04
4.05		0	506,125	-506,125	4.05
4.06		0	42,115	-42,115	4.06
4.07		0	231,586	-231,586	4.07
4.08		0	199,998	-199,998	4.08
4.09		0	98,317	-98,317	4.09
4.10		0	172,077	-172,077	4.10
4.11		0	39,169	-39,169	4.11
4.13		0	17,226	-17,226	4.13
4.14		725,106	0	725,106	4.14
4.15		795,901	0	795,901	4.15
4.16		707,639	0	707,639	4.16
4.17		366,916	0	366,916	4.17
4.18		773,966	0	773,966	4.18
4.19		858,576	0	858,576	4.19
4.20		992,214	0	992,214	4.20
4.21		1,776,746	0	1,776,746	4.21
4.22		325,873	0	325,873	4.22
4.23		151,713	0	151,713	4.23
4.24		312,886	0	312,886	4.24
4.25		6,846,062	0	6,846,062	4.25
4.26		23,437,950	39,885,297	-16,447,347	4.26
4.27		14,164,506	3,923,032	10,241,474	4.27
4.28		52,197	0	52,197	4.28
4.29		785,180	889,264	-104,084	4.29
4.30		1,365,471	1,214,829	150,642	4.30
4.31		4,949,085	0	4,949,085	4.31
4.32		486,919	804,973	-318,054	4.32
4.33		2,574,259	2,574,259	0	4.33
4.34		1,657,148	1,477,369	179,779	4.34
4.36		8,985,195	8,985,195	0	4.36
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	73,091,508	62,763,738	10,327,770	5.00

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

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

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

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

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

6.00			0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
10.01			0.00	10.01
10.02			0.00	10.02
10.03			0.00	10.03
10.04			0.00	10.04

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/30/2012 10:11 am
---	----------------------	---	--

	Related Organization(s) and/or Home Office			
	Name	Percentage of Ownership	Type of Business	
	4.00	5.00	6.00	
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: 160033

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:11 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	120,000	0	1.00
2.00	30.00	A&P	0	0	2.00
3.00	31.00	ICU	94,551	0	3.00
4.00	32.01	NICU	0	0	4.00
5.00	50.00	OR	675,000	587,500	5.00
6.00	54.00	RADIOLOGY	0	0	6.00
7.00	55.00	RAD THER	6,074	2,836	7.00
8.00	65.00	RT	-5,055	70	8.00
9.00	69.00	EKG	363,934	363,934	9.00
10.00	59.00	CARDIAC CATH LAB	3,116	0	10.00
11.00	70.00	EEG	70,750	0	11.00
12.00	90.02	OP INSTITUTES	371,267	363,017	12.00
13.00	90.03	MARC	87,534	87,534	13.00
14.00	90.04	BARIATRIC CLINIC	360,318	349,118	14.00
15.00	91.00	ER	1,431,139	1,416,764	15.00
200.00		TOTAL (Lines 1.00 through 199.00)	3,578,628	3,170,773	200.00



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:11 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	120,000	171,400	960	79,108	3,955	1.00
2.00	0	171,400	0	0	0	2.00
3.00	94,551	171,400	756	62,297	3,115	3.00
4.00	0	171,400	0	0	0	4.00
5.00	87,500	204,100	583	57,207	2,860	5.00
6.00	0	231,100	0	0	0	6.00
7.00	3,238	171,400	26	2,143	107	7.00
8.00	-5,125	171,400	-41	-3,379	-169	8.00
9.00	0	171,400	0	0	0	9.00
10.00	3,116	171,400	21	1,730	87	10.00
11.00	70,750	171,400	472	38,895	1,945	11.00
12.00	8,250	171,400	83	6,840	342	12.00
13.00	0	171,400	0	0	0	13.00
14.00	11,200	171,400	75	6,180	309	14.00
15.00	14,375	171,400	93	7,664	383	15.00
200.00	407,855		3,028	258,685	12,934	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:11 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	79,108	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	62,297	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	57,207	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	2,143	7.00
8.00	0	0	0	0	-3,548	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	1,730	10.00
11.00	0	0	0	0	38,895	11.00
12.00	0	0	0	0	6,840	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	6,180	14.00
15.00	0	0	0	0	7,664	15.00
200.00	0	0	0	0	258,516	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

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

Worksheet A-8-2

Date/Time Prepared:  
1/30/2012 10:11 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	40,892	40,892	1.00
2.00	0	0	2.00
3.00	32,254	32,254	3.00
4.00	0	0	4.00
5.00	30,293	617,793	5.00
6.00	0	0	6.00
7.00	1,095	3,931	7.00
8.00	0	70	8.00
9.00	0	363,934	9.00
10.00	1,386	1,386	10.00
11.00	31,855	31,855	11.00
12.00	1,410	364,427	12.00
13.00	0	87,534	13.00
14.00	5,020	354,138	14.00
15.00	6,711	1,423,475	15.00
200.00	150,916	3,321,689	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	A&G SHARED	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	9,155,515	9,155,515				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	13,778,493		13,778,493			2.00
4.00 EMPLOYEE BENEFITS	14,248,163	40,584	0	14,288,747		4.00
5.01 A&G SHARED	25,057,493	1,009,397	312,666	107,572	26,487,128	5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL	26,793,347	188,628	208,440	274,277	26,487,128	5.02
6.00 MAINTENANCE & REPAIRS	6,430,573	1,110,914	439,497	561,327	0	6.00
6.01 MOB I	691,493	0	0	0	0	6.01
6.02 MOB II	766,788	0	0	0	0	6.02
6.03 BETT MED PARK	602,643	0	0	0	0	6.03
6.04 NW CLINICS	305,044	0	0	0	0	6.04
6.05 CPMP I	738,975	0	0	0	0	6.05
6.06 CPMP II	820,248	0	0	0	0	6.06
6.07 BETT PLAZA	825,738	0	0	0	0	6.07
6.08 HEART INSTITUTE	1,739,870	0	0	0	0	6.08
6.09 53RD STREET	263,368	0	0	0	0	6.09
6.10 ELDRI DGE	123,705	0	0	0	0	6.10
7.00 OPERATION OF PLANT	1,987,807	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	243,278	38,402	788	27,078	0	8.00
9.00 HOUSEKEEPING	2,685,680	73,804	606,223	326,050	0	9.00
10.00 DIETARY	-19,538	189,501	56,401	0	0	10.00
11.00 CAFETERIA	994,094	104,545	0	91,274	0	11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 NURSING ADMINISTRATION	1,615,126	45,344	370,166	226,118	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,367,921	272,557	199,457	222,712	0	14.00
15.00 PHARMACY	4,375,159	141,749	189,152	622,202	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	103,038	541	0	0	16.00
17.00 SOCIAL SERVICE	903,303	40,359	11,464	124,385	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,574,259	245,674	0	164,196	0	22.00
23.00 PARAMED PRGM-(SPECIFY)	52,197	8,886	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	28,288,843	1,928,625	540,657	3,743,276	0	30.00
31.00 INTENSIVE CARE UNIT	3,766,598	166,252	140,456	469,588	0	31.00
32.01 NICU	1,512,278	34,473	319,313	210,480	0	32.01
40.00 SUBPROVIDER - 1PF	1,971,458	279,457	6,707	247,259	0	40.00
41.00 SUBPROVIDER - 1RF	2,941,467	258,165	44,030	398,726	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12,129,951	692,313	3,052,276	1,013,580	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	7,012,189	371,722	2,310,575	783,712	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	5,675,006	44,668	1,196,461	424,955	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	4,510,216	153,916	1,769,057	407,378	0	59.00
60.00 LABORATORY	8,992,182	235,352	6,676	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,617,525	4,760	10,265	0	0	63.00
65.00 RESPIRATORY THERAPY	2,813,767	84,224	254,652	356,954	0	65.00
66.00 PHYSICAL THERAPY	9,899,255	495,939	218,959	1,358,130	0	66.00
69.00 ELECTROCARDIOLOGY	2,401,895	33,797	447,023	303,578	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	870,772	73,649	312,928	112,072	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,789,278	11,125	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	25,865,355	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	14,645,473	0	0	0	0	73.00
74.00 RENAL DIALYSIS	4,303,516	57,652	186,875	329,164	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	1,565,965	33,867	123,317	156,660	0	90.02
90.03 MARC	46,211	0	406	6,158	0	90.03
90.04 BARIATRIC CLINIC	425,898	23,306	32,243	54,702	0	90.04
90.05 PAIN MANAGEMENT	459,291	0	33,157	58,897	0	90.05
91.00 EMERGENCY	6,066,563	255,081	309,651	764,258	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	4,949,085	27,206	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	285,640,779	8,878,931	13,710,479	13,946,718	26,487,128	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,658	3,619	0	201	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	A&G SHARED	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
190.01 AUXILIARY	104,663	75,310	9,072	5,189	0	190.01
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	367,435	0	8,462	22,362	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	358,998	146,974	32,844	30,667	0	192.01
192.02 FOUNDATION	3,405	5,999	3,863	333	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	2,241,414	9,801	0	4,079	0	192.04
192.05 PHASE III REHAB	111,803	34,881	11,807	15,689	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	2,770,021	0	1,966	263,509	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	291,600,176	9,155,515	13,778,493	14,288,747	26,487,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
		5A.01	5.02	6.00	6.01	6.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	A&G SHARED						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	53,951,820	53,951,820				5.02
6.00	MAINTENANCE & REPAIRS	8,542,311	1,939,310	10,481,621			6.00
6.01	MOB I	691,493	156,986	0	848,479		6.01
6.02	MOB II	766,788	174,079	0	0	940,867	6.02
6.03	BETT MED PARK	602,643	136,814	0	0	0	6.03
6.04	NW CLINICS	305,044	69,252	0	0	0	6.04
6.05	CPMP I	738,975	167,765	0	0	0	6.05
6.06	CPMP II	820,248	186,216	0	0	0	6.06
6.07	BETT PLAZA	825,738	187,462	0	0	0	6.07
6.08	HEART INSTITUTE	1,739,870	394,992	0	0	0	6.08
6.09	53RD STREET	263,368	59,791	0	0	0	6.09
6.10	ELDRIDGE	123,705	28,084	0	0	0	6.10
7.00	OPERATION OF PLANT	1,987,807	451,280	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	309,546	70,274	59,141	0	0	8.00
9.00	HOUSEKEEPING	3,691,757	838,117	113,662	17,483	4,839	9.00
10.00	DIETARY	226,364	51,390	291,843	0	0	10.00
11.00	CAFETERIA	1,189,913	270,139	161,005	0	0	11.00
11.01	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	NURSING ADMINISTRATION	2,256,754	512,337	69,832	0	1,880	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,062,647	695,294	419,753	0	0	14.00
15.00	PHARMACY	5,328,262	1,209,643	218,302	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	103,579	23,515	158,684	0	0	16.00
17.00	SOCIAL SERVICE	1,079,511	245,075	62,155	5,294	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,984,129	677,469	378,353	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	61,083	13,867	13,685	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	34,501,401	7,832,588	2,970,196	0	1,880	30.00
31.00	INTENSIVE CARE UNIT	4,542,894	1,031,346	256,038	0	0	31.00
32.01	NICU	2,076,544	471,425	53,090	0	0	32.01
40.00	SUBPROVIDER - IPF	2,504,881	568,668	430,380	0	0	40.00
41.00	SUBPROVIDER - IRF	3,642,388	826,909	397,589	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	16,888,120	3,834,009	1,066,201	0	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	10,478,198	2,378,802	572,474	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,341,090	1,666,604	68,791	75,074	1,217	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	6,840,567	1,552,973	237,040	0	0	59.00
60.00	LABORATORY	9,234,210	2,096,387	362,456	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	2,632,550	597,652	7,330	0	0	63.00
65.00	RESPIRATORY THERAPY	3,509,597	796,763	129,710	0	0	65.00
66.00	PHYSICAL THERAPY	11,972,283	2,717,996	763,775	2,874	0	66.00
69.00	ELECTROCARDIOLOGY	3,186,293	723,365	52,049	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,369,421	310,891	113,423	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,800,403	2,678,975	17,133	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	25,865,355	5,872,056	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,645,473	3,324,874	0	0	0	73.00
74.00	RENAL DIALYSIS	4,877,207	1,107,243	88,787	156,241	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0	0	0	90.01
90.02	OP INSTITUTES	1,879,809	426,762	52,157	0	0	90.02
90.03	MARC	52,775	11,981	0	0	0	90.03
90.04	BARITRIC CLINIC	536,149	121,719	35,892	0	0	90.04
90.05	PAIN MANAGEMENT	551,345	125,169	0	0	0	90.05
91.00	EMERGENCY	7,395,553	1,678,968	392,840	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	4,976,291	1,129,737	41,899	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	284,954,152	52,443,013	10,055,665	256,966	9,816	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	5,478	1,244	5,574	0	0	190.00
190.01	AUXILIARY	194,234	44,096	115,982	0	0	190.01
190.02	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	EAP	0	0	0	0	0	190.03
191.00	RESEARCH	398,259	90,414	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
	5A.01	5.02	6.00	6.01	6.02	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	569,483	129,286	226,348	591,513	931,051	192.01
192.02 FOUNDATION	13,600	3,088	9,239	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	2,255,294	512,006	15,094	0	0	192.04
192.05 PHASE III REHAB	174,180	39,543	53,719	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	3,035,496	689,130	0	0	0	192.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	291,600,176	53,951,820	10,481,621	848,479	940,867	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description	BETT MED PARK 6.03	NW CLINICS 6.04	CPMP I 6.05	CPMP II 6.06	BETT PLAZA 6.07		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 A&G SHARED							5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00 MAINTENANCE & REPAIRS							6.00
6.01 MOB I							6.01
6.02 MOB II							6.02
6.03 BETT MED PARK	739,457						6.03
6.04 NW CLINICS	0	374,296					6.04
6.05 CPMP I	0	0	906,740				6.05
6.06 CPMP II	0	0	0	1,006,464			6.06
6.07 BETT PLAZA	0	0	0	0	1,013,200		6.07
6.08 HEART INSTITUTE	0	0	0	0	0		6.08
6.09 53RD STREET	0	0	0	0	0		6.09
6.10 ELDRIDGE	0	0	0	0	0		6.10
7.00 OPERATION OF PLANT	0	0	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00 HOUSEKEEPING	838	0	865	0	0		9.00
10.00 DIETARY	0	0	23,041	0	0		10.00
11.00 CAFETERIA	0	0	0	0	0		11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0		11.01
13.00 NURSING ADMINISTRATION	0	0	2,542	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0		14.00
15.00 PHARMACY	0	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	37,961		16.00
17.00 SOCIAL SERVICE	0	0	0	5,198	0		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	0	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0		31.00
32.01 NICU	0	0	0	0	0		32.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
43.00 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	298,627	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	20,960		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	216,811	27,410	0		55.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0	190,272		66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 FIRST MED	0	0	0	0	0		90.01
90.02 OP INSTITUTES	0	0	2,489	35,336	55,141		90.02
90.03 MARC	0	0	0	0	0		90.03
90.04 BARIATRIC CLINIC	0	0	0	0	0		90.04
90.05 PAIN MANAGEMENT	0	0	0	0	112,038		90.05
91.00 EMERGENCY	0	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	0	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	838	0	544,375	67,944	416,372		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01 AUXILIARY	0	0	0	0	0		190.01
190.02 FIRST MED CLINICS	109,067	148,181	0	0	0		190.02
190.03 EAP	0	0	0	0	0		190.03
191.00 RESEARCH	0	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 NON REIMBURSEABLE COST	629,552	226,115	362,365	938,520	596,828		192.01



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	BETT PLAZA	
	6.03	6.04	6.05	6.06	6.07	
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 PHASE III REHAB	0	0	0	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	739,457	374,296	906,740	1,006,464	1,013,200	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		6.08	6.09	6.10	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	A&G SHARED							5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00	MAINTENANCE & REPAIRS							6.00
6.01	MOB I							6.01
6.02	MOB II							6.02
6.03	BETT MED PARK							6.03
6.04	NW CLINICS							6.04
6.05	CPMP I							6.05
6.06	CPMP II							6.06
6.07	BETT PLAZA							6.07
6.08	HEART INSTITUTE	2,134,862						6.08
6.09	53RD STREET	0	323,159					6.09
6.10	ELDRIDGE	0	0	151,789				6.10
7.00	OPERATION OF PLANT	0	0	0	2,439,087			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	13,762	452,723		8.00
9.00	HOUSEKEEPING	0	0	0	26,449	0		9.00
10.00	DIETARY	0	0	0	67,912	0		10.00
11.00	CAFETERIA	0	0	0	37,466	0		11.00
11.01	EMPLOYEE CAFETERIA	0	0	0	0	0		11.01
13.00	NURSING ADMINISTRATION	0	0	0	16,250	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	97,677	0		14.00
15.00	PHARMACY	0	0	0	50,799	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	36,926	0		16.00
17.00	SOCIAL SERVICE	0	0	0	14,464	0		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	88,043	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	3,184	96		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	0	0	0	691,171	216,682		30.00
31.00	INTENSIVE CARE UNIT	0	0	0	59,580	13,993		31.00
32.01	NICU	0	0	0	12,354	1,941		32.01
40.00	SUBPROVIDER - 1 PF	0	0	0	100,150	5,535		40.00
41.00	SUBPROVIDER - 1 RF	0	0	0	92,520	24,106		41.00
43.00	NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	248,106	56,001		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	133,215	32,414		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	16,008	7,019		55.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	55,159	9,708		59.00
60.00	LABORATORY	0	0	0	84,344	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,706	0		63.00
65.00	RESPIRATORY THERAPY	0	0	0	30,184	0		65.00
66.00	PHYSICAL THERAPY	0	0	0	177,732	1,432		66.00
69.00	ELECTROCARDIOLOGY	886,728	0	0	12,112	11,173		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	26,394	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,987	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	20,661	782		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FIRST MED	0	0	0	0	0		90.01
90.02	OP INSTITUTES	0	0	0	12,137	4,002		90.02
90.03	MARC	0	0	0	0	0		90.03
90.04	BARIATRIC CLINIC	0	0	0	8,352	77		90.04
90.05	PAIN MANAGEMENT	0	0	0	0	0		90.05
91.00	EMERGENCY	0	0	0	91,414	65,909		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES	0	0	0	9,750	1,036		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	886,728	0	0	2,339,968	451,906		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,297	0		190.00
190.01	AUXILIARY	0	0	0	26,989	0		190.01
190.02	FIRST MED CLINICS	0	0	0	0	0		190.02
190.03	EAP	0	0	0	0	0		190.03
191.00	RESEARCH	0	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	HEART	53RD STREET	ELDRIDGE	OPERATION OF	LAUNDRY &	
	INSTITUTE	6.09	6.10	PLANT	LINEN SERVICE	
	6.08			7.00	8.00	
192.01 NON REIMBURSEABLE COST	1,248,134	323,159	151,789	52,671	817	192.01
192.02 FOUNDATION	0	0	0	2,150	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	3,512	0	192.04
192.05 PHASE III REHAB	0	0	0	12,500	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,134,862	323,159	151,789	2,439,087	452,723	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION		
		9.00	10.00	11.00	11.01	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	A&G SHARED							5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00	MAINTENANCE & REPAIRS							6.00
6.01	MOB I							6.01
6.02	MOB II							6.02
6.03	BETT MED PARK							6.03
6.04	NW CLINICS							6.04
6.05	CPMP I							6.05
6.06	CPMP II							6.06
6.07	BETT PLAZA							6.07
6.08	HEART INSTITUTE							6.08
6.09	53RD STREET							6.09
6.10	ELDRIDGE							6.10
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	4,694,010						9.00
10.00	DIETARY	154,997	815,547					10.00
11.00	CAFETERIA	83,396	228,102	1,970,021				11.00
11.01	EMPLOYEE CAFETERIA	0	0	903,463	903,463			11.01
13.00	NURSING ADMINISTRATION	36,171	0	0	15,167	2,910,933		13.00
14.00	CENTRAL SERVICES & SUPPLY	217,420	0	0	28,335	0		14.00
15.00	PHARMACY	113,074	0	0	35,027	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	82,194	0	0	0	0		16.00
17.00	SOCIAL SERVICE	32,195	0	0	9,997	0		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	195,976	0	0	0	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	7,088	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	1,538,479	0	853,770	287,643	1,449,753		30.00
31.00	INTENSIVE CARE UNIT	132,620	0	28,995	32,020	176,707		31.00
32.01	NICU	27,499	0	0	13,936	59,300		32.01
40.00	SUBPROVIDER - 1PF	0	0	66,504	14,608	131,733		40.00
41.00	SUBPROVIDER - 1RF	0	0	117,289	32,008	298,144		41.00
43.00	NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	552,262	0	0	64,535	419,385		50.00
54.00	RADIOLOGY-DIAGNOSTIC	296,525	0	0	55,617	10,038		54.00
55.00	RADIOLOGY-THERAPEUTIC	35,632	0	0	26,476	24,084		55.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	122,780	0	0	25,265	46,773		59.00
60.00	LABORATORY	187,742	0	0	0	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,797	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	67,186	0	0	26,565	0		65.00
66.00	PHYSICAL THERAPY	395,614	0	0	93,206	179		66.00
69.00	ELECTROCARDIOLOGY	26,960	0	0	22,931	60,012		69.00
70.00	ELECTROENCEPHALOGRAPHY	58,750	0	0	7,758	56		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,874	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	45,989	0	0	26,178	48,881		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FIRST MED	0	0	0	0	0		90.01
90.02	OP INSTITUTES	27,016	0	0	11,621	16,961		90.02
90.03	MARC	0	0	0	552	0		90.03
90.04	BARIATRIC CLINIC	18,591	0	0	4,313	28		90.04
90.05	PAIN MANAGEMENT	0	0	0	4,351	773		90.05
91.00	EMERGENCY	203,480	0	0	56,943	154,181		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES	21,703	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,694,010	228,102	1,970,021	895,052	2,896,988		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01	AUXILIARY	0	0	0	152	0		190.01
190.02	FIRST MED CLINICS	0	0	0	0	0		190.02
190.03	EAP	0	0	0	0	0		190.03
191.00	RESEARCH	0	0	0	1,681	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
	9.00	10.00	11.00	11.01	13.00	
192.01 NON REIMBURSEABLE COST	0	0	0	1,656	8,301	192.01
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	273	0	192.04
192.05 PHASE III REHAB	0	0	0	875	5,644	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	587,445	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	3,774	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,694,010	815,547	1,970,021	903,463	2,910,933	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/30/2012 10:11 am
---	--	----------------------	---	--

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	A&G SHARED					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL					5.02
6.00	MAINTENANCE & REPAIRS					6.00
6.01	MOB I					6.01
6.02	MOB II					6.02
6.03	BETT MED PARK					6.03
6.04	NW CLINICS					6.04
6.05	CPMP I					6.05
6.06	CPMP II					6.06
6.07	BETT PLAZA					6.07
6.08	HEART INSTITUTE					6.08
6.09	53RD STREET					6.09
6.10	ELDRIDGE					6.10
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
11.01	EMPLOYEE CAFETERIA					11.01
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY	4,521,126				14.00
15.00	PHARMACY	15,452	6,970,559			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	442,859		16.00
17.00	SOCIAL SERVICE	7	0	0	1,453,896	17.00
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
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	186,021	0	44,605	818,059	30.00
31.00	INTENSIVE CARE UNIT	42,244	0	7,210	33,601	31.00
32.01	NICU	6,748	0	2,857	24,296	32.01
40.00	SUBPROVIDER - IPF	1,266	0	2,677	90,206	40.00
41.00	SUBPROVIDER - IRF	11,560	0	5,202	153,790	41.00
43.00	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	321,243	0	39,819	96,926	50.00
54.00	RADIOLOGY-DIAGNOSTIC	27,337	0	46,814	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	10,083	0	12,375	63,325	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	84,700	0	40,936	0	59.00
60.00	LABORATORY	3	0	26,885	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3	0	3,608	0	63.00
65.00	RESPIRATORY THERAPY	31,235	0	16,917	0	65.00
66.00	PHYSICAL THERAPY	11,834	0	15,989	0	66.00
69.00	ELECTROCARDIOLOGY	7,140	0	10,140	517	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,636	0	3,117	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,146,832	0	70,415	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,461,509	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,637	6,970,559	46,289	0	73.00
74.00	RENAL DIALYSIS	60,144	0	4,417	148,104	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FIRST MED	0	0	0	0	90.01
90.02	OP INSTITUTES	10,463	0	3,046	1,809	90.02
90.03	MARC	6	0	92	0	90.03
90.04	BARITRIC CLINIC	1,782	0	784	0	90.04
90.05	PAIN MANAGEMENT	3,936	0	958	19,127	90.05
91.00	EMERGENCY	56,791	0	33,305	4,136	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	0	4,402	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,519,612	6,970,559	442,859	1,453,896	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	AUXILIARY	17	0	0	0	190.01
190.02	FIRST MED CLINICS	0	0	0	0	190.02
190.03	EAP	0	0	0	0	190.03
191.00	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	14.00	15.00	16.00	17.00		
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 NON REIMBURSEABLE COST	246	0	0	0		192.01
192.02 FOUNDATION	0	0	0	0		192.02
192.03 OP REHAB - DEWITT	0	0	0	0		192.03
192.04 OUTREACH PROGRAMS	0	0	0	0		192.04
192.05 PHASE III REHAB	99	0	0	0		192.05
192.06 AFFILIATES	0	0	0	0		192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0		192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	1,152	0	0	0		192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	4,521,126	6,970,559	442,859	1,453,896		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 A&G SHARED							5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00 MAINTENANCE & REPAIRS							6.00
6.01 MOB I							6.01
6.02 MOB II							6.02
6.03 BETT MED PARK							6.03
6.04 NW CLINICS							6.04
6.05 CPMP I							6.05
6.06 CPMP II							6.06
6.07 BETT PLAZA							6.07
6.08 HEART INSTITUTE							6.08
6.09 53RD STREET							6.09
6.10 ELDRIDGE							6.10
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
11.01 EMPLOYEE CAFETERIA							11.01
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,323,970					22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	99,003				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	0	1,857,970	57,659	53,307,877	-1,857,970		30.00
31.00 INTENSIVE CARE UNIT	0	142,606	13,135	6,512,989	-142,606		31.00
32.01 NICU	0	140,699	286	2,890,975	-140,699		32.01
40.00 SUBPROVIDER - 1PF	0	157,594	350	4,074,552	-157,594		40.00
41.00 SUBPROVIDER - 1RF	0	0	7,728	5,609,233	0		41.00
43.00 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	417,192	12,308	24,314,734	-417,192		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	43,054	0	14,095,448	-43,054		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	9,591,999	0		55.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	155,595	795	9,172,291	-155,595		59.00
60.00 LABORATORY	0	23,889	0	12,015,916	-23,889		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,246,646	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0	4,608,157	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	16,343,186	0		66.00
69.00 ELECTROCARDIOLOGY	0	16,077	159	5,015,656	-16,077		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	1,893,446	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,726,619	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	34,198,920	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	25,004,832	0		73.00
74.00 RENAL DIALYSIS	0	0	0	6,584,634	-1,285,107		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 FIRST MED	0	0	0	0	0		90.01
90.02 OP INSTITUTES	0	0	0	2,538,749	0		90.02
90.03 MARC	0	0	0	65,406	0		90.03
90.04 BARIATRIC CLINIC	0	0	0	727,687	0		90.04
90.05 PAIN MANAGEMENT	0	0	0	817,697	0		90.05
91.00 EMERGENCY	0	259,235	6,583	10,399,338	-259,235		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	0	0	0	6,184,818	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	3,213,911	99,003	274,941,805	-4,499,018		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	13,593	0		190.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
190.01 AUXILIARY	0	0	0	381,470	0	190.01
190.02 FIRST MED CLINICS	0	0	0	257,248	0	190.02
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	0	0	0	490,354	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,110,059	0	1,110,059	-1,110,059	192.00
192.01 NON REIMBURSEABLE COST	0	0	0	6,987,834	0	192.01
192.02 FOUNDATION	0	0	0	28,077	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	2,786,179	0	192.04
192.05 PHASE III REHAB	0	0	0	286,560	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	587,445	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	3,729,552	0	192.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	4,323,970	99,003	291,600,176	-5,609,077	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	A&G SHARED		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00	MAINTENANCE & REPAIRS		6.00
6.01	MOB I		6.01
6.02	MOB II		6.02
6.03	BETT MED PARK		6.03
6.04	NW CLINICS		6.04
6.05	CPMP I		6.05
6.06	CPMP II		6.06
6.07	BETT PLAZA		6.07
6.08	HEART INSTITUTE		6.08
6.09	53RD STREET		6.09
6.10	ELDRIDGE		6.10
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
11.01	EMPLOYEE CAFETERIA		11.01
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	51,449,907	30.00
31.00	INTENSIVE CARE UNIT	6,370,383	31.00
32.01	NICU	2,750,276	32.01
40.00	SUBPROVIDER - IPF	3,916,958	40.00
41.00	SUBPROVIDER - IRF	5,609,233	41.00
43.00	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	23,897,542	50.00
54.00	RADIOLOGY-DIAGNOSTIC	14,052,394	54.00
55.00	RADIOLOGY-THERAPEUTIC	9,591,999	55.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	9,016,696	59.00
60.00	LABORATORY	11,992,027	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,246,646	63.00
65.00	RESPIRATORY THERAPY	4,608,157	65.00
66.00	PHYSICAL THERAPY	16,343,186	66.00
69.00	ELECTROCARDIOLOGY	4,999,579	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,893,446	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,726,619	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	34,198,920	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,004,832	73.00
74.00	RENAL DIALYSIS	5,299,527	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01	FIRST MED	0	90.01
90.02	OP INSTITUTES	2,538,749	90.02
90.03	MARC	65,406	90.03
90.04	BARIATRIC CLINIC	727,687	90.04
90.05	PAIN MANAGEMENT	817,697	90.05
91.00	EMERGENCY	10,140,103	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	6,184,818	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	270,442,787	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,593	190.00
190.01	AUXILIARY	381,470	190.01
190.02	FIRST MED CLINICS	257,248	190.02
190.03	EAP	0	190.03
191.00	RESEARCH	490,354	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	NON REIMBURSEABLE COST	6,987,834	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Total		
	26.00		
192.02 FOUNDATION	28,077		192.02
192.03 OP REHAB - DEWITT	0		192.03
192.04 OUTREACH PROGRAMS	2,786,179		192.04
192.05 PHASE III REHAB	286,560		192.05
192.06 AFFILIATES	0		192.06
192.07 NON-ALLOWABLE MEALS	587,445		192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	3,729,552		192.08
200.00 Cross Foot Adjustments	0		200.00
201.00 Negative Cost Centers	0		201.00
202.00 TOTAL (sum lines 118-201)	285,991,099		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	40,584	0	40,584	4.00
5.01	A&G SHARED	487,580	1,009,397	312,666	1,809,643	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	20,285	188,628	208,440	417,353	5.02
6.00	MAINTENANCE & REPAIRS	83,736	1,110,914	439,497	1,634,147	6.00
6.01	MOB I	725,106	0	0	725,106	6.01
6.02	MOB II	795,901	0	0	795,901	6.02
6.03	BETT MED PARK	707,639	0	0	707,639	6.03
6.04	NW CLINICS	366,916	0	0	366,916	6.04
6.05	CPMP I	773,966	0	0	773,966	6.05
6.06	CPMP II	858,576	0	0	858,576	6.06
6.07	BETT PLAZA	992,214	0	0	992,214	6.07
6.08	HEART INSTITUTE	1,776,746	0	0	1,776,746	6.08
6.09	53RD STREET	325,873	0	0	325,873	6.09
6.10	ELDRIDGE	151,713	0	0	151,713	6.10
7.00	OPERATION OF PLANT	0	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	351	38,402	788	39,541	8.00
9.00	HOUSEKEEPING	19,238	73,804	606,223	699,265	9.00
10.00	DIETARY	27,540	189,501	56,401	273,442	10.00
11.00	CAFETERIA	0	104,545	0	104,545	11.00
11.01	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00	NURSING ADMINISTRATION	17,065	45,344	370,166	432,575	13.00
14.00	CENTRAL SERVICES & SUPPLY	305,773	272,557	199,457	777,787	14.00
15.00	PHARMACY	26,369	141,749	189,152	357,270	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	103,038	541	103,579	16.00
17.00	SOCIAL SERVICE	2,908	40,359	11,464	54,731	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	245,674	0	245,674	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	8,886	0	8,886	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	167,484	1,928,625	540,657	2,636,766	30.00
31.00	INTENSIVE CARE UNIT	28,038	166,252	140,456	334,746	31.00
32.01	NICU	10,366	34,473	319,313	364,152	32.01
40.00	SUBPROVIDER - IPF	6,861	279,457	6,707	293,025	40.00
41.00	SUBPROVIDER - IRF	24,647	258,165	44,030	326,842	41.00
43.00	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	665,419	692,313	3,052,276	4,410,008	50.00
54.00	RADIOLOGY-DIAGNOSTIC	273,240	371,722	2,310,575	2,955,537	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,397,475	44,668	1,196,461	3,638,604	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	109,808	153,916	1,769,057	2,032,781	59.00
60.00	LABORATORY	176	235,352	6,676	242,204	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	4,760	10,265	15,025	63.00
65.00	RESPIRATORY THERAPY	54,184	84,224	254,652	393,060	65.00
66.00	PHYSICAL THERAPY	990,202	495,939	218,959	1,705,100	66.00
69.00	ELECTROCARDIOLOGY	572,394	33,797	447,023	1,053,214	69.00
70.00	ELECTROENCEPHALOGRAPHY	6,860	73,649	312,928	393,437	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,125	0	11,125	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	248,503	57,652	186,875	493,030	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01	FIRST MED	0	0	0	0	90.01
90.02	OP INSTITUTES	212,007	33,867	123,317	369,191	90.02
90.03	MARC	2,870	0	406	3,276	90.03
90.04	BARIATRIC CLINIC	107,030	23,306	32,243	162,579	90.04
90.05	PAIN MANAGEMENT	178,206	0	33,157	211,363	90.05
91.00	EMERGENCY	34,989	255,081	309,651	599,721	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	AMBULANCE SERVICES	0	27,206	0	27,206	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,556,254	8,878,931	13,710,479	37,145,664	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,619	0	3,619	190.00
190.01	AUXILIARY	2,758	75,310	9,072	87,140	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	2,460	0	8,462	10,922	63	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	43,264	146,974	32,844	223,082	87	192.01
192.02 FOUNDATION	0	5,999	3,863	9,862	1	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	19,244	9,801	0	29,045	12	192.04
192.05 PHASE III REHAB	751	34,881	11,807	47,439	45	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	916	0	1,966	2,882	748	192.08
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)	14,625,647	9,155,515	13,778,493	37,559,655	40,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
		5.01	5.02	6.00	6.01	6.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	A&G SHARED	1,809,948					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	1,809,948	2,228,079				5.02
6.00	MAINTENANCE & REPAIRS	0	80,093	1,715,833			6.00
6.01	MOB I	0	6,483	0	731,589		6.01
6.02	MOB II	0	7,189	0	0	803,090	6.02
6.03	BETT MED PARK	0	5,650	0	0	0	6.03
6.04	NW CLINICS	0	2,860	0	0	0	6.04
6.05	CPMP I	0	6,929	0	0	0	6.05
6.06	CPMP II	0	7,691	0	0	0	6.06
6.07	BETT PLAZA	0	7,742	0	0	0	6.07
6.08	HEART INSTITUTE	0	16,313	0	0	0	6.08
6.09	53RD STREET	0	2,469	0	0	0	6.09
6.10	ELDRIDGE	0	1,160	0	0	0	6.10
7.00	OPERATION OF PLANT	0	18,638	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2,902	9,681	0	0	8.00
9.00	HOUSEKEEPING	0	34,614	18,606	15,074	4,130	9.00
10.00	DIETARY	0	2,122	47,774	0	0	10.00
11.00	CAFETERIA	0	11,157	26,356	0	0	11.00
11.01	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	NURSING ADMINISTRATION	0	21,159	11,432	0	1,605	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	28,715	68,713	0	0	14.00
15.00	PHARMACY	0	49,958	35,736	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	971	25,976	0	0	16.00
17.00	SOCIAL SERVICE	0	10,121	10,175	4,565	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	27,979	61,936	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	573	2,240	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	323,372	486,222	0	1,605	30.00
31.00	INTENSIVE CARE UNIT	0	42,594	41,913	0	0	31.00
32.01	NICU	0	19,470	8,691	0	0	32.01
40.00	SUBPROVIDER - IPF	0	23,486	70,453	0	0	40.00
41.00	SUBPROVIDER - IRF	0	34,151	65,085	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	158,343	174,536	0	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	98,244	93,713	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	68,830	11,261	64,731	1,038	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	64,137	38,803	0	0	59.00
60.00	LABORATORY	0	86,580	59,334	0	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	24,683	1,200	0	0	63.00
65.00	RESPIRATORY THERAPY	0	32,906	21,233	0	0	65.00
66.00	PHYSICAL THERAPY	0	112,252	125,029	2,478	0	66.00
69.00	ELECTROCARDIOLOGY	0	29,875	8,520	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,840	18,567	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	110,641	2,805	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	242,514	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	137,316	0	0	0	73.00
74.00	RENAL DIALYSIS	0	45,729	14,534	134,717	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0	0	0	90.01
90.02	OP INSTITUTES	0	17,625	8,538	0	0	90.02
90.03	MARC	0	495	0	0	0	90.03
90.04	BARITRIC CLINIC	0	5,027	5,876	0	0	90.04
90.05	PAIN MANAGEMENT	0	5,169	0	0	0	90.05
91.00	EMERGENCY	0	69,341	64,308	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	46,658	6,859	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,809,948	2,165,766	1,646,105	221,565	8,378	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51	912	0	0	190.00
190.01	AUXILIARY	0	1,821	18,986	0	0	190.01
190.02	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	EAP	0	0	0	0	0	190.03
191.00	RESEARCH	0	3,734	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	MOB I	MOB II	
	5.01	5.02	6.00	6.01	6.02	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	0	5,339	37,053	510,024	794,712	192.01
192.02 FOUNDATION	0	128	1,512	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	21,146	2,471	0	0	192.04
192.05 PHASE III REHAB	0	1,633	8,794	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	28,461	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,809,948	2,228,079	1,715,833	731,589	803,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description	BETT MED PARK 6.03	NW CLINICS 6.04	CPMP I 6.05	CPMP II 6.06	BETT PLAZA 6.07			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 NEW CAP REL COSTS-BLDG & FIXT								1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP								2.00
4.00 EMPLOYEE BENEFITS								4.00
5.01 A&G SHARED								5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL								5.02
6.00 MAINTENANCE & REPAIRS								6.00
6.01 MOB I								6.01
6.02 MOB II								6.02
6.03 BETT MED PARK	713,289							6.03
6.04 NW CLINICS	0	369,776						6.04
6.05 CPMP I	0	0	780,895					6.05
6.06 CPMP II	0	0	0	866,267				6.06
6.07 BETT PLAZA	0	0	0	0	999,956			6.07
6.08 HEART INSTITUTE	0	0	0	0	0			6.08
6.09 53RD STREET	0	0	0	0	0			6.09
6.10 ELDRIDGE	0	0	0	0	0			6.10
7.00 OPERATION OF PLANT	0	0	0	0	0			7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0			8.00
9.00 HOUSEKEEPING	808	0	745	0	0			9.00
10.00 DIETARY	0	0	19,843	0	0			10.00
11.00 CAFETERIA	0	0	0	0	0			11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0			11.01
13.00 NURSING ADMINISTRATION	0	0	2,190	0	0			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0			14.00
15.00 PHARMACY	0	0	0	0	0			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	37,465			16.00
17.00 SOCIAL SERVICE	0	0	0	4,474	0			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 ADULTS & PEDIATRICS	0	0	0	0	0			30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0			31.00
32.01 NICU	0	0	0	0	0			32.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0			40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0			41.00
43.00 NURSERY	0	0	0	0	0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	257,181	0	0			50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	20,686			54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	186,720	23,592	0			55.00
57.00 CT SCAN	0	0	0	0	0			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0			58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0			59.00
60.00 LABORATORY	0	0	0	0	0			60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0			63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0			65.00
66.00 PHYSICAL THERAPY	0	0	0	0	187,785			66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0			69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0			73.00
74.00 RENAL DIALYSIS	0	0	0	0	0			74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01 FIRST MED	0	0	0	0	0			90.01
90.02 OP INSTITUTES	0	0	2,144	30,414	54,421			90.02
90.03 MARC	0	0	0	0	0			90.03
90.04 BARIATRIC CLINIC	0	0	0	0	0			90.04
90.05 PAIN MANAGEMENT	0	0	0	0	110,574			90.05
91.00 EMERGENCY	0	0	0	0	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00 AMBULANCE SERVICES	0	0	0	0	0			95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00 SUBTOTALS (SUM OF LINES 1-117)	808	0	468,823	58,480	410,931			118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0			190.00
190.01 AUXILIARY	0	0	0	0	0			190.01
190.02 FIRST MED CLINICS	105,207	146,392	0	0	0			190.02
190.03 EAP	0	0	0	0	0			190.03
191.00 RESEARCH	0	0	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0			192.00
192.01 NON REIMBURSEABLE COST	607,274	223,384	312,072	807,787	589,025			192.01



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description	BETT MED PARK 6.03	NW CLINICS 6.04	CPMP I 6.05	CPMP II 6.06	BETT PLAZA 6.07			
192.02 FOUNDATION	0	0	0	0	0	0	192.02	
192.03 OP REHAB - DEWITT	0	0	0	0	0	0	192.03	
192.04 OUTREACH PROGRAMS	0	0	0	0	0	0	192.04	
192.05 PHASE III REHAB	0	0	0	0	0	0	192.05	
192.06 AFFILIATES	0	0	0	0	0	0	192.06	
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07	
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	0	192.08	
200.00 Cross Foot Adjustments							200.00	
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	713,289	369,776	780,895	866,267	999,956		202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		6.08	6.09	6.10	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	A&G SHARED							5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00	MAINTENANCE & REPAIRS							6.00
6.01	MOB I							6.01
6.02	MOB II							6.02
6.03	BETT MED PARK							6.03
6.04	NW CLINICS							6.04
6.05	CPMP I							6.05
6.06	CPMP II							6.06
6.07	BETT PLAZA							6.07
6.08	HEART INSTITUTE	1,793,059						6.08
6.09	53RD STREET	0	328,342					6.09
6.10	ELDRIDGE	0	0	152,873				6.10
7.00	OPERATION OF PLANT	0	0	0	18,638			7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	105	52,306		8.00
9.00	HOUSEKEEPING	0	0	0	202	0		9.00
10.00	DIETARY	0	0	0	519	0		10.00
11.00	CAFETERIA	0	0	0	286	0		11.00
11.01	EMPLOYEE CAFETERIA	0	0	0	0	0		11.01
13.00	NURSING ADMINISTRATION	0	0	0	124	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	746	0		14.00
15.00	PHARMACY	0	0	0	388	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	282	0		16.00
17.00	SOCIAL SERVICE	0	0	0	111	0		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	673	0		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	24	11		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	0	0	0	5,282	25,035		30.00
31.00	INTENSIVE CARE UNIT	0	0	0	455	1,617		31.00
32.01	NICU	0	0	0	94	224		32.01
40.00	SUBPROVIDER - 1PF	0	0	0	765	640		40.00
41.00	SUBPROVIDER - 1RF	0	0	0	707	2,785		41.00
43.00	NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	1,896	6,470		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,018	3,745		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	122	811		55.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	421	1,122		59.00
60.00	LABORATORY	0	0	0	645	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	13	0		63.00
65.00	RESPIRATORY THERAPY	0	0	0	231	0		65.00
66.00	PHYSICAL THERAPY	0	0	0	1,358	165		66.00
69.00	ELECTROCARDIOLOGY	744,758	0	0	93	1,291		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	202	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	30	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	158	90		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FIRST MED	0	0	0	0	0		90.01
90.02	OP INSTITUTES	0	0	0	93	462		90.02
90.03	MARC	0	0	0	0	0		90.03
90.04	BARIATRIC CLINIC	0	0	0	64	9		90.04
90.05	PAIN MANAGEMENT	0	0	0	0	0		90.05
91.00	EMERGENCY	0	0	0	699	7,615		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES	0	0	0	75	120		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	744,758	0	0	17,881	52,212		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	10	0		190.00
190.01	AUXILIARY	0	0	0	206	0		190.01
190.02	FIRST MED CLINICS	0	0	0	0	0		190.02
190.03	EAP	0	0	0	0	0		190.03
191.00	RESEARCH	0	0	0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	HEART	53RD STREET	ELDRIDGE	OPERATION OF	LAUNDRY &	
	INSTITUTE	6.09	6.10	PLANT	LINEN SERVICE	
	6.08			7.00	8.00	
192.01 NON REIMBURSEABLE COST	1,048,301	328,342	152,873	402	94	192.01
192.02 FOUNDATION	0	0	0	16	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	27	0	192.04
192.05 PHASE III REHAB	0	0	0	96	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,793,059	328,342	152,873	18,638	52,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION		
		9.00	10.00	11.00	11.01	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	A&G SHARED							5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL							5.02
6.00	MAINTENANCE & REPAIRS							6.00
6.01	MOB I							6.01
6.02	MOB II							6.02
6.03	BETT MED PARK							6.03
6.04	NW CLINICS							6.04
6.05	CPMP I							6.05
6.06	CPMP II							6.06
6.07	BETT PLAZA							6.07
6.08	HEART INSTITUTE							6.08
6.09	53RD STREET							6.09
6.10	ELDRIDGE							6.10
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	774,369						9.00
10.00	DIETARY	25,570	360,631					10.00
11.00	CAFETERIA	13,758	100,866	257,227				11.00
11.01	EMPLOYEE CAFETERIA	0	0	117,966	117,966			11.01
13.00	NURSING ADMINISTRATION	5,967	0	0	1,980	477,674		13.00
14.00	CENTRAL SERVICES & SUPPLY	35,868	0	0	3,700	0		14.00
15.00	PHARMACY	18,654	0	0	4,574	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	13,560	0	0	0	0		16.00
17.00	SOCIAL SERVICE	5,311	0	0	1,305	0		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,330	0	0	0	0		22.00
23.00	PARAMED PRGM-(SPECIFY)	1,169	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	253,801	0	111,477	37,559	237,900		30.00
31.00	INTENSIVE CARE UNIT	21,878	0	3,786	4,181	28,997		31.00
32.01	NICU	4,537	0	0	1,820	9,731		32.01
40.00	SUBPROVIDER - 1PF	0	0	8,684	1,907	21,617		40.00
41.00	SUBPROVIDER - 1RF	0	0	15,314	4,179	48,924		41.00
43.00	NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	91,106	0	0	8,426	68,820		50.00
54.00	RADIOLOGY-DIAGNOSTIC	48,918	0	0	7,262	1,647		54.00
55.00	RADIOLOGY-THERAPEUTIC	5,878	0	0	3,457	3,952		55.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	20,255	0	0	3,299	7,675		59.00
60.00	LABORATORY	30,972	0	0	0	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	626	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	11,084	0	0	3,469	0		65.00
66.00	PHYSICAL THERAPY	65,264	0	0	12,170	29		66.00
69.00	ELECTROCARDIOLOGY	4,448	0	0	2,994	9,848		69.00
70.00	ELECTROENCEPHALOGRAPHY	9,692	0	0	1,013	9		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,464	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00	RENAL DIALYSIS	7,587	0	0	3,418	8,021		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.01	FIRST MED	0	0	0	0	0		90.01
90.02	OP INSTITUTES	4,457	0	0	1,517	2,783		90.02
90.03	MARC	0	0	0	72	0		90.03
90.04	BARIATRIC CLINIC	3,067	0	0	563	5		90.04
90.05	PAIN MANAGEMENT	0	0	0	568	127		90.05
91.00	EMERGENCY	33,568	0	0	7,435	25,301		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	AMBULANCE SERVICES	3,580	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)	774,369	100,866	257,227	116,868	475,386		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01	AUXILIARY	0	0	0	20	0		190.01
190.02	FIRST MED CLINICS	0	0	0	0	0		190.02
190.03	EAP	0	0	0	0	0		190.03
191.00	RESEARCH	0	0	0	219	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINISTRATION	
	9.00	10.00	11.00	11.01	13.00	
192.01 NON REIMBURSEABLE COST	0	0	0	216	1,362	192.01
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	36	0	192.04
192.05 PHASE III REHAB	0	0	0	114	926	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	259,765	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	493	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	8,639	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	774,369	369,270	257,227	117,966	477,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	A&G SHARED						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MOB I						6.01
6.02	MOB II						6.02
6.03	BETT MED PARK						6.03
6.04	NW CLINICS						6.04
6.05	CPMP I						6.05
6.06	CPMP II						6.06
6.07	BETT PLAZA						6.07
6.08	HEART INSTITUTE						6.08
6.09	53RD STREET						6.09
6.10	ELDRIDGE						6.10
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
11.01	EMPLOYEE CAFETERIA						11.01
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	916,161					14.00
15.00	PHARMACY	3,131	471,477				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	181,833			16.00
17.00	SOCIAL SERVICE	1	0	0	91,147		17.00
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
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	37,694	0	18,323	51,287		30.00
31.00	INTENSIVE CARE UNIT	8,560	0	2,962	2,107		31.00
32.01	NICU	1,367	0	1,174	1,523		32.01
40.00	SUBPROVIDER - IPF	256	0	1,100	5,655		40.00
41.00	SUBPROVIDER - IRF	2,343	0	2,137	9,641		41.00
43.00	NURSERY	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	65,095	0	16,357	6,076		50.00
54.00	RADIOLOGY-DIAGNOSTIC	5,539	0	19,230	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	2,043	0	5,083	3,970		55.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	17,163	0	16,816	0		59.00
60.00	LABORATORY	1	0	11,044	0		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1	0	1,482	0		63.00
65.00	RESPIRATORY THERAPY	6,329	0	6,949	0		65.00
66.00	PHYSICAL THERAPY	2,398	0	6,568	0		66.00
69.00	ELECTROCARDIOLOGY	1,447	0	4,165	32		69.00
70.00	ELECTROENCEPHALOGRAPHY	737	0	1,281	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	232,389	0	28,838	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	498,812	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	3,574	471,477	19,015	0		73.00
74.00	RENAL DIALYSIS	12,187	0	1,815	9,285		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0	0		90.01
90.02	OP INSTITUTES	2,120	0	1,251	113		90.02
90.03	MARC	1	0	38	0		90.03
90.04	BARITRIC CLINIC	361	0	322	0		90.04
90.05	PAIN MANAGEMENT	797	0	394	1,199		90.05
91.00	EMERGENCY	11,508	0	13,681	259		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	0	0	1,808	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	915,854	471,477	181,833	91,147		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	AUXILIARY	4	0	0	0		190.01
190.02	FIRST MED CLINICS	0	0	0	0		190.02
190.03	EAP	0	0	0	0		190.03
191.00	RESEARCH	0	0	0	0		191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	14.00	15.00	16.00	17.00		
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 NON REIMBURSEABLE COST	50	0	0	0		192.01
192.02 FOUNDATION	0	0	0	0		192.02
192.03 OP REHAB - DEWITT	0	0	0	0		192.03
192.04 OUTREACH PROGRAMS	0	0	0	0		192.04
192.05 PHASE III REHAB	20	0	0	0		192.05
192.06 AFFILIATES	0	0	0	0		192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0		192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	233	0	0	0		192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	916,161	471,477	181,833	91,147		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
				24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	A&G SHARED						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MOB I						6.01
6.02	MOB II						6.02
6.03	BETT MED PARK						6.03
6.04	NW CLINICS						6.04
6.05	CPMP I						6.05
6.06	CPMP II						6.06
6.07	BETT PLAZA						6.07
6.08	HEART INSTITUTE						6.08
6.09	53RD STREET						6.09
6.10	ELDRIDGE						6.10
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
11.01	EMPLOYEE CAFETERIA						11.01
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		369,058				22.00
23.00	PARAMED PRGM-(SPECIFY)			12,903			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS				4,236,981	0	30.00
31.00	INTENSIVE CARE UNIT				495,129	0	31.00
32.01	NICU				413,380	0	32.01
40.00	SUBPROVIDER - I PF				428,290	0	40.00
41.00	SUBPROVIDER - I RF				513,239	0	41.00
43.00	NURSERY				0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM				5,267,190	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC				3,257,763	0	54.00
55.00	RADIOLOGY-THERAPEUTIC				4,021,298	0	55.00
57.00	CT SCAN				0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00	CARDIAC CATHETERIZATION				2,203,628	0	59.00
60.00	LABORATORY				430,780	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.				43,030	0	63.00
65.00	RESPIRATORY THERAPY				476,274	0	65.00
66.00	PHYSICAL THERAPY				2,224,450	0	66.00
69.00	ELECTROCARDIOLOGY				1,861,546	0	69.00
70.00	ELECTROENCEPHALOGRAPHY				438,096	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS				387,292	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT				741,326	0	72.00
73.00	DRUGS CHARGED TO PATIENTS				631,382	0	73.00
74.00	RENAL DIALYSIS				731,505	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED				0	0	90.01
90.02	OP INSTITUTES				495,574	0	90.02
90.03	MARC				3,899	0	90.03
90.04	BARIATRIC CLINIC				178,028	0	90.04
90.05	PAIN MANAGEMENT				330,358	0	90.05
91.00	EMERGENCY				835,605	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES				86,306	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	30,732,349	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				4,593	0	190.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B  
Part II  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
190.01 AUXILIARY				108,192	0	190.01
190.02 FIRST MED CLINICS				251,599	0	190.02
190.03 EAP				0	0	190.03
191.00 RESEARCH				14,938	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES				0	0	192.00
192.01 NON REIMBURSEABLE COST				5,641,479	0	192.01
192.02 FOUNDATION				11,519	0	192.02
192.03 OP REHAB - DEWITT				0	0	192.03
192.04 OUTREACH PROGRAMS				52,737	0	192.04
192.05 PHASE III REHAB				59,067	0	192.05
192.06 AFFILIATES				0	0	192.06
192.07 NON-ALLOWABLE MEALS				259,765	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH				32,817	0	192.08
200.00 Cross Foot Adjustments	0	369,058	12,903	381,961	0	200.00
201.00 Negative Cost Centers	0	0	0	8,639	0	201.00
202.00 TOTAL (sum lines 118-201)	0	369,058	12,903	37,559,655	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am
-------------------------------------	----------------------	---	---

Cost Center Description	Total	
	26.00	
<b>GENERAL SERVICE COST CENTERS</b>		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 A&G SHARED		5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00 MAINTENANCE & REPAIRS		6.00
6.01 MOB I		6.01
6.02 MOB II		6.02
6.03 BETT MED PARK		6.03
6.04 NW CLINICS		6.04
6.05 CPMP I		6.05
6.06 CPMP II		6.06
6.07 BETT PLAZA		6.07
6.08 HEART INSTITUTE		6.08
6.09 53RD STREET		6.09
6.10 ELDRIDGE		6.10
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
11.01 EMPLOYEE CAFETERIA		11.01
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY		16.00
17.00 SOCIAL SERVICE		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		
30.00 ADULTS & PEDIATRICS	4,236,981	30.00
31.00 INTENSIVE CARE UNIT	495,129	31.00
32.01 NICU	413,380	32.01
40.00 SUBPROVIDER - IPF	428,290	40.00
41.00 SUBPROVIDER - IRF	513,239	41.00
43.00 NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>		
50.00 OPERATING ROOM	5,267,190	50.00
54.00 RADIOLOGY-DIAGNOSTIC	3,257,763	54.00
55.00 RADIOLOGY-THERAPEUTIC	4,021,298	55.00
57.00 CT SCAN	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 CARDIAC CATHETERIZATION	2,203,628	59.00
60.00 LABORATORY	430,780	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	43,030	63.00
65.00 RESPIRATORY THERAPY	476,274	65.00
66.00 PHYSICAL THERAPY	2,224,450	66.00
69.00 ELECTROCARDIOLOGY	1,861,546	69.00
70.00 ELECTROENCEPHALOGRAPHY	438,096	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	387,292	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	741,326	72.00
73.00 DRUGS CHARGED TO PATIENTS	631,382	73.00
74.00 RENAL DIALYSIS	731,505	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>		
90.01 FIRST MED	0	90.01
90.02 OP INSTITUTES	495,574	90.02
90.03 MARC	3,899	90.03
90.04 BARIATRIC CLINIC	178,028	90.04
90.05 PAIN MANAGEMENT	330,358	90.05
91.00 EMERGENCY	835,605	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>		
95.00 AMBULANCE SERVICES	86,306	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>		
118.00 SUBTOTALS (SUM OF LINES 1-117)	30,732,349	118.00
<b>NONREIMBURSABLE COST CENTERS</b>		
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,593	190.00
190.01 AUXILIARY	108,192	190.01
190.02 FIRST MED CLINICS	251,599	190.02
190.03 EAP	0	190.03
191.00 RESEARCH	14,938	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01 NON REIMBURSEABLE COST	5,641,479	192.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/30/2012 10:11 am
-------------------------------------	--	----------------------	---	---

Cost Center Description	Total	
		26.00
192.02 FOUNDATION	11,519	192.02
192.03 OP REHAB - DEWITT	0	192.03
192.04 OUTREACH PROGRAMS	52,737	192.04
192.05 PHASE III REHAB	59,067	192.05
192.06 AFFILIATES	0	192.06
192.07 NON-ALLOWABLE MEALS	259,765	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	32,817	192.08
200.00 Cross Foot Adjustments	381,961	200.00
201.00 Negative Cost Centers	8,639	201.00
202.00 TOTAL (sum lines 118-201)	37,559,655	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	CAPITAL RELATED COSTS				A&G SHARED (TOTAL COST)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)				
	1.00	2.00	4.00	5.01			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT	650,158						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		6,210,424					2.00
4.00 EMPLOYEE BENEFITS	2,882	0	88,919,659				4.00
5.01 A&G SHARED	71,680	140,929	669,423	293,895,229			5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL	13,395	93,951	1,706,839	293,895,229	-53,951,820		5.02
6.00 MAINTENANCE & REPAIRS	78,889	198,096	3,493,167	0			6.00
6.01 MOB I	0	0	0	0	0		6.01
6.02 MOB II	0	0	0	0	0		6.02
6.03 BETT MED PARK	0	0	0	0	0		6.03
6.04 NW CLINICS	0	0	0	0	0		6.04
6.05 CPMP I	0	0	0	0	0		6.05
6.06 CPMP II	0	0	0	0	0		6.06
6.07 BETT PLAZA	0	0	0	0	0		6.07
6.08 HEART INSTITUTE	0	0	0	0	0		6.08
6.09 53RD STREET	0	0	0	0	0		6.09
6.10 ELDRI DGE	0	0	0	0	0		6.10
7.00 OPERATION OF PLANT	0	0	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	2,727	355	168,506	0	0		8.00
9.00 HOUSEKEEPING	5,241	273,245	2,029,027	0	0		9.00
10.00 DIETARY	13,457	25,422	0	0	0		10.00
11.00 CAFETERIA	7,424	0	568,003	0	0		11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0		11.01
13.00 NURSING ADMINISTRATION	3,220	166,846	1,407,140	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	19,355	89,902	1,385,948	0	0		14.00
15.00 PHARMACY	10,066	85,257	3,871,989	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	7,317	244	0	0	0		16.00
17.00 SOCIAL SERVICE	2,866	5,167	774,051	0	0		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	17,446	0	1,021,797	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	631	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	136,957	243,692	23,294,708	0	0		30.00
31.00 INTENSIVE CARE UNIT	11,806	63,308	2,922,268	0	0		31.00
32.01 NICU	2,448	143,925	1,309,825	0	0		32.01
40.00 SUBPROVIDER - IPF	19,845	3,023	1,538,704	0	0		40.00
41.00 SUBPROVIDER - IRF	18,333	19,846	2,481,292	0	0		41.00
43.00 NURSERY	0	0	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	49,163	1,375,761	6,307,555	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	26,397	1,041,453	4,877,077	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	3,172	539,285	2,644,515	0	0		55.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	10,930	797,373	2,535,133	0	0		59.00
60.00 LABORATORY	16,713	3,009	0	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	338	4,627	0	0	0		63.00
65.00 RESPIRATORY THERAPY	5,981	114,780	2,221,341	0	0		65.00
66.00 PHYSICAL THERAPY	35,218	98,692	8,451,706	0	0		66.00
69.00 ELECTROCARDIOLOGY	2,400	201,488	1,889,179	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	5,230	141,047	697,429	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	790	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	4,094	84,231	2,048,401	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 FIRST MED	0	0	0	0	0		90.01
90.02 OP INSTITUTES	2,405	55,583	974,903	0	0		90.02
90.03 MARC	0	183	38,320	0	0		90.03
90.04 BARIATRIC CLINIC	1,655	14,533	340,415	0	0		90.04
90.05 PAIN MANAGEMENT	0	14,945	366,520	0	0		90.05
91.00 EMERGENCY	18,114	139,570	4,756,011	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES	1,932	0	0	0	0		95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00 SUBTOTALS (SUM OF LINES 1-117)	630,517	6,179,768	86,791,192	293,895,229	-53,951,820		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	1,250	0	0		190.00
190.01 AUXILIARY	5,348	4,089	32,294	0	0		190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	A&G SHARED (TOTAL COST)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5.01	5A.02	
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	0	3,814	139,162	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	10,437	14,804	190,845	0	0	192.01
192.02 FOUNDATION	426	1,741	2,072	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	696	0	25,384	0	0	192.04
192.05 PHASE III REHAB	2,477	5,322	97,634	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	886	1,639,826	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,155,515	13,778,493	14,288,747	26,487,128		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.081985	2.218607	0.160693	0.090124		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			40,584	1,809,948		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000456	0.006158		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	BETT MED PARK (SQUARE FEET)	
	5.02	6.00	6.01	6.02	6.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 A&G SHARED						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL	237,648,356					5.02
6.00 MAINTENANCE & REPAIRS	8,542,311	483,312				6.00
6.01 MOB I	691,493	0	39,263			6.01
6.02 MOB II	766,788	0	0	34,028		6.02
6.03 BETT MED PARK	602,643	0	0	0	22,943	6.03
6.04 NW CLINICS	305,044	0	0	0	0	6.04
6.05 CPMP I	738,975	0	0	0	0	6.05
6.06 CPMP II	820,248	0	0	0	0	6.06
6.07 BETT PLAZA	825,738	0	0	0	0	6.07
6.08 HEART INSTITUTE	1,739,870	0	0	0	0	6.08
6.09 53RD STREET	263,368	0	0	0	0	6.09
6.10 ELDRI DGE	123,705	0	0	0	0	6.10
7.00 OPERATION OF PLANT	1,987,807	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	309,546	2,727	0	0	0	8.00
9.00 HOUSEKEEPING	3,691,757	5,241	809	175	26	9.00
10.00 DIETARY	226,364	13,457	0	0	0	10.00
11.00 CAFETERIA	1,189,913	7,424	0	0	0	11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 NURSING ADMINISTRATION	2,256,754	3,220	0	68	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,062,647	19,355	0	0	0	14.00
15.00 PHARMACY	5,328,262	10,066	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	103,579	7,317	0	0	0	16.00
17.00 SOCIAL SERVICE	1,079,511	2,866	245	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,984,129	17,446	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	61,083	631	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	34,501,401	136,957	0	68	0	30.00
31.00 INTENSIVE CARE UNIT	4,542,894	11,806	0	0	0	31.00
32.01 NICU	2,076,544	2,448	0	0	0	32.01
40.00 SUBPROVIDER - IPF	2,504,881	19,845	0	0	0	40.00
41.00 SUBPROVIDER - IRF	3,642,388	18,333	0	0	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	16,888,120	49,163	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	10,478,198	26,397	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	7,341,090	3,172	3,474	44	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	6,840,567	10,930	0	0	0	59.00
60.00 LABORATORY	9,234,210	16,713	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	2,632,550	338	0	0	0	63.00
65.00 RESPIRATORY THERAPY	3,509,597	5,981	0	0	0	65.00
66.00 PHYSICAL THERAPY	11,972,283	35,218	133	0	0	66.00
69.00 ELECTROCARDIOLOGY	3,186,293	2,400	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,369,421	5,230	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,800,403	790	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	25,865,355	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	14,645,473	0	0	0	0	73.00
74.00 RENAL DIALYSIS	4,877,207	4,094	7,230	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	1,879,809	2,405	0	0	0	90.02
90.03 MARC	52,775	0	0	0	0	90.03
90.04 BARIATRIC CLINIC	536,149	1,655	0	0	0	90.04
90.05 PAIN MANAGEMENT	551,345	0	0	0	0	90.05
91.00 EMERGENCY	7,395,553	18,114	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	4,976,291	1,932	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	231,002,332	463,671	11,891	355	26	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,478	257	0	0	0	190.00
190.01 AUXILIARY	194,234	5,348	0	0	0	190.01
190.02 FIRST MED CLINICS	0	0	0	0	3,384	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	BETT MED PARK (SQUARE FEET)	
		5.02	6.00	6.01	6.02	6.03	
190.03	EAP	0	0	0	0	0	190.03
191.00	RESEARCH	398,259	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	NON REIMBURSEABLE COST	569,483	10,437	27,372	33,673	19,533	192.01
192.02	FOUNDATION	13,600	426	0	0	0	192.02
192.03	OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04	OUTREACH PROGRAMS	2,255,294	696	0	0	0	192.04
192.05	PHASE III REHAB	174,180	2,477	0	0	0	192.05
192.06	AFFILIATES	0	0	0	0	0	192.06
192.07	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	ENVIRONMENTAL SVCS - OUTREACH	3,035,496	0	0	0	0	192.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	53,951,820	10,481,621	848,479	940,867	739,457	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.227024	21.687070	21.610142	27.649788	32.230179	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,228,079	1,715,833	731,589	803,090	713,289	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009376	3.550156	18.633039	23.600858	31.089613	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	HEART INSTITUTE (SQUARE FEET)	
	6.04	6.05	6.06	6.07	6.08	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 A&G SHARED						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MOB I						6.01
6.02 MOB II						6.02
6.03 BETT MED PARK						6.03
6.04 NW CLINICS	10,225					6.04
6.05 CPMP I	0	51,357				6.05
6.06 CPMP II	0	0	46,854			6.06
6.07 BETT PLAZA	0	0	0	56,557		6.07
6.08 HEART INSTITUTE	0	0	0	0	75,097	6.08
6.09 53RD STREET	0	0	0	0	0	6.09
6.10 ELDRIDGE	0	0	0	0	0	6.10
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	0	49	0	0	0	9.00
10.00 DIETARY	0	1,305	0	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 NURSING ADMINISTRATION	0	144	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	2,119	0	16.00
17.00 SOCIAL SERVICE	0	0	242	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01 NICU	0	0	0	0	0	32.01
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	16,914	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	1,170	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	12,280	1,276	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	10,621	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	31,192	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	141	1,645	3,078	0	90.02
90.03 MARC	0	0	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	6,254	0	90.05
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	30,833	3,163	23,242	31,192	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 AUXILIARY	0	0	0	0	0	190.01
190.02 FIRST MED CLINICS	4,048	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	HEART INSTITUTE (SQUARE FEET)	
	6.04	6.05	6.06	6.07	6.08	
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	6,177	20,524	43,691	33,315	43,905	192.01
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 PHASE III REHAB	0	0	0	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	374,296	906,740	1,006,464	1,013,200	2,134,862	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	36.605966	17.655626	21.480855	17.914670	28.428060	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	369,776	780,895	866,267	999,956	1,793,059	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	36.163912	15.205230	18.488646	17.680499	23.876573	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	6.09	6.10	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 A&G SHARED						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MOB I						6.01
6.02 MOB II						6.02
6.03 BETT MED PARK						6.03
6.04 NW CLINICS						6.04
6.05 CPMP I						6.05
6.06 CPMP II						6.06
6.07 BETT PLAZA						6.07
6.08 HEART INSTITUTE						6.08
6.09 53RD STREET	13,636					6.09
6.10 ELDRIDGE	0	7,560				6.10
7.00 OPERATION OF PLANT	0	0	483,312			7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	2,727	1,881,040		8.00
9.00 HOUSEKEEPING	0	0	5,241	0	417,866	9.00
10.00 DIETARY	0	0	13,457	0	13,798	10.00
11.00 CAFETERIA	0	0	7,424	0	7,424	11.00
11.01 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00 NURSING ADMINISTRATION	0	0	3,220	0	3,220	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	19,355	0	19,355	14.00
15.00 PHARMACY	0	0	10,066	0	10,066	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	7,317	0	7,317	16.00
17.00 SOCIAL SERVICE	0	0	2,866	0	2,866	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	17,446	0	17,446	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	631	397	631	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	136,957	900,300	136,957	30.00
31.00 INTENSIVE CARE UNIT	0	0	11,806	58,140	11,806	31.00
32.01 NICU	0	0	2,448	8,066	2,448	32.01
40.00 SUBPROVIDER - IPF	0	0	19,845	22,999	0	40.00
41.00 SUBPROVIDER - IRF	0	0	18,333	100,160	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	49,163	232,681	49,163	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	26,397	134,680	26,397	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	3,172	29,163	3,172	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	10,930	40,337	10,930	59.00
60.00 LABORATORY	0	0	16,713	0	16,713	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	338	0	338	63.00
65.00 RESPIRATORY THERAPY	0	0	5,981	0	5,981	65.00
66.00 PHYSICAL THERAPY	0	0	35,218	5,950	35,218	66.00
69.00 ELECTROCARDIOLOGY	0	0	2,400	46,425	2,400	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	5,230	0	5,230	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	790	0	790	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	4,094	3,249	4,094	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	0	2,405	16,628	2,405	90.02
90.03 MARC	0	0	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	1,655	320	1,655	90.04
90.05 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 EMERGENCY	0	0	18,114	273,849	18,114	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	1,932	4,303	1,932	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	463,671	1,877,647	417,866	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	257	0	0	190.00
190.01 AUXILIARY	0	0	5,348	0	0	190.01
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	6.09	6.10	7.00	8.00	9.00	
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	13,636	7,560	10,437	3,393	0	192.01
192.02 FOUNDATION	0	0	426	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	696	0	0	192.04
192.05 PHASE III REHAB	0	0	2,477	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	323,159	151,789	2,439,087	452,723	4,694,010	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.698959	20.077910	5.046610	0.240677	11.233290	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	328,342	152,873	18,638	52,306	774,369	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	24.079055	20.221296	0.038563	0.027807	1.853151	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	10.00	11.00	11.01	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 A&G SHARED						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MOB I						6.01
6.02 MOB II						6.02
6.03 BETT MED PARK						6.03
6.04 NW CLINICS						6.04
6.05 CPMP I						6.05
6.06 CPMP II						6.06
6.07 BETT PLAZA						6.07
6.08 HEART INSTITUTE						6.08
6.09 53RD STREET						6.09
6.10 ELDRIDGE						6.10
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	811,044					10.00
11.00 CAFETERIA	226,843	494,636				11.00
11.01 EMPLOYEE CAFETERIA	0	226,843	142,431			11.01
13.00 NURSING ADMINISTRATION	0	0	2,391	519,350		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	4,467	0	47,507,731	14.00
15.00 PHARMACY	0	0	5,522	0	162,370	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	1,576	0	73	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	214,366	45,347	258,655	1,954,698	30.00
31.00 INTENSIVE CARE UNIT	0	7,280	5,048	31,527	443,899	31.00
32.01 NICU	0	0	2,197	10,580	70,905	32.01
40.00 SUBPROVIDER - IPF	0	16,698	2,303	23,503	13,300	40.00
41.00 SUBPROVIDER - IRF	0	29,449	5,046	53,193	121,474	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	10,174	74,824	3,375,605	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	8,768	1,791	287,251	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	4,174	4,297	105,953	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	3,983	8,345	890,029	59.00
60.00 LABORATORY	0	0	0	0	36	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	29	63.00
65.00 RESPIRATORY THERAPY	0	0	4,188	0	328,217	65.00
66.00 PHYSICAL THERAPY	0	0	14,694	32	124,351	66.00
69.00 ELECTROCARDIOLOGY	0	0	3,615	10,707	75,028	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	1,223	10	38,212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,050,859	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	25,865,355	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	185,331	73.00
74.00 RENAL DIALYSIS	0	0	4,127	8,721	631,995	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	0	1,832	3,026	109,948	90.02
90.03 MARC	0	0	87	0	60	90.03
90.04 BARIATRIC CLINIC	0	0	680	5	18,722	90.04
90.05 PAIN MANAGEMENT	0	0	686	138	41,355	90.05
91.00 EMERGENCY	0	0	8,977	27,508	596,753	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	226,843	494,636	141,105	516,862	47,491,808	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 AUXILIARY	0	0	24	0	182	190.01
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION  (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	10.00	11.00	11.01	13.00	14.00	
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	0	0	265	0	3	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 NON REIMBURSEABLE COST	0	0	261	1,481	2,589	192.01
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	43	0	0	192.04
192.05 PHASE III REHAB	0	0	138	1,007	1,041	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	584,201	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	595	0	12,108	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	815,547	1,970,021	903,463	2,910,933	4,521,126	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.005552	3.982769	6.343163	5.604954	0.095166	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	369,270	257,227	117,966	477,674	916,161	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.444650	0.520033	0.828233	0.919754	0.019284	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 A&G SHARED						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MOB I						6.01
6.02 MOB II						6.02
6.03 BETT MED PARK						6.03
6.04 NW CLINICS						6.04
6.05 CPMP I						6.05
6.06 CPMP II						6.06
6.07 BETT PLAZA						6.07
6.08 HEART INSTITUTE						6.08
6.09 53RD STREET						6.09
6.10 ELDRIDGE						6.10
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
11.01 EMPLOYEE CAFETERIA						11.01
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	15,745,249					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	822,970,121				16.00
17.00 SOCIAL SERVICE	0	0	5,625			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	47,604		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	47,604	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	82,908,526	3,165	20,455	20,455	30.00
31.00 INTENSIVE CARE UNIT	0	13,401,484	130	1,570	1,570	31.00
32.01 NICU	0	5,310,639	94	1,549	1,549	32.01
40.00 SUBPROVIDER - 1PF	0	4,975,161	349	1,735	1,735	40.00
41.00 SUBPROVIDER - 1RF	0	9,669,768	595	0	0	41.00
43.00 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	74,013,722	375	4,593	4,593	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	87,015,461	0	474	474	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	23,000,930	245	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	76,089,985	0	1,713	1,713	59.00
60.00 LABORATORY	0	49,972,800	0	263	263	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,706,906	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	31,444,230	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	29,719,125	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	18,847,648	2	177	177	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,794,489	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	130,690,305	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	15,745,249	86,038,550	0	0	0	73.00
74.00 RENAL DIALYSIS	0	8,210,582	573	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	5,662,349	7	0	0	90.02
90.03 MARC	0	171,642	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	1,457,647	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	1,781,218	74	0	0	90.05
91.00 EMERGENCY	0	61,905,133	16	2,854	2,854	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	8,181,821	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,745,249	822,970,121	5,625	35,383	35,383	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				15.00	16.00	
190.01 AUXILIARY	0	0	0	0	0	190.01
190.02 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 EAP	0	0	0	0	0	190.03
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	12,221	12,221	192.00
192.01 NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02 FOUNDATION	0	0	0	0	0	192.02
192.03 OP REHAB - DEWITT	0	0	0	0	0	192.03
192.04 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 PHASE III REHAB	0	0	0	0	0	192.05
192.06 AFFILIATES	0	0	0	0	0	192.06
192.07 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,970,559	442,859	1,453,896	0	4,323,970	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.442709	0.000538	258.470400	0.000000	90.832073	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	471,477	181,833	91,147	0	369,058	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.029944	0.000221	16.203911	0.000000	7.752668	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	A&G SHARED		5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL		5.02
6.00	MAINTENANCE & REPAIRS		6.00
6.01	MOB I		6.01
6.02	MOB II		6.02
6.03	BETT MED PARK		6.03
6.04	NW CLINICS		6.04
6.05	CPMP I		6.05
6.06	CPMP II		6.06
6.07	BETT PLAZA		6.07
6.08	HEART INSTITUTE		6.08
6.09	53RD STREET		6.09
6.10	ELDRIDGE		6.10
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
11.01	EMPLOYEE CAFETERIA		11.01
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM-(SPECIFY)	3,113	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	ADULTS & PEDIATRICS	1,813	30.00
31.00	INTENSIVE CARE UNIT	413	31.00
32.01	NICU	9	32.01
40.00	SUBPROVIDER - IPF	11	40.00
41.00	SUBPROVIDER - IRF	243	41.00
43.00	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	OPERATING ROOM	387	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	25	59.00
60.00	LABORATORY	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
69.00	ELECTROCARDIOLOGY	5	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.01	FIRST MED	0	90.01
90.02	OP INSTITUTES	0	90.02
90.03	MARC	0	90.03
90.04	BARIATRIC CLINIC	0	90.04
90.05	PAIN MANAGEMENT	0	90.05
91.00	EMERGENCY	207	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	AMBULANCE SERVICES	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,113	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	AUXILIARY	0	190.01
190.02	FIRST MED CLINICS	0	190.02
190.03	EAP	0	190.03



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	NON REIMBURSEABLE COST	0	192.01
192.02	FOUNDATION	0	192.02
192.03	OP REHAB - DEWITT	0	192.03
192.04	OUTREACH PROGRAMS	0	192.04
192.05	PHASE III REHAB	0	192.05
192.06	AFFILIATES	0	192.06
192.07	NON-ALLOWABLE MEALS	0	192.07
192.08	ENVIRONMENTAL SVCS - OUTREACH	0	192.08
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	99,003	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.803084	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	12,903	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	4.144876	205.00

Provider CCN: 160033

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

Worksheet B-2

Date/Time Prepared:  
 1/30/2012 10:11 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	-1,285,107	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	-6,705	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

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

Worksheet C  
Part I  
Date/Time Prepared:  
1/30/2012 10:11 am

		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	51,449,907		51,449,907	0	51,449,907	30.00
31.00	INTENSIVE CARE UNIT	6,370,383		6,370,383	32,254	6,402,637	31.00
32.01	NICU	2,750,276		2,750,276	0	2,750,276	32.01
40.00	SUBPROVIDER - 1 PF	3,916,958		3,916,958	0	3,916,958	40.00
41.00	SUBPROVIDER - 1 RF	5,609,233		5,609,233	0	5,609,233	41.00
43.00	NURSERY	0		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	23,897,542		23,897,542	30,293	23,927,835	50.00
54.00	RADIOLOGY-DIAGNOSTIC	14,052,394		14,052,394	0	14,052,394	54.00
55.00	RADIOLOGY-THERAPEUTIC	9,591,999		9,591,999	1,095	9,593,094	55.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	9,016,696		9,016,696	1,386	9,018,082	59.00
60.00	LABORATORY	11,992,027		11,992,027	0	11,992,027	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	3,246,646		3,246,646	0	3,246,646	63.00
65.00	RESPIRATORY THERAPY	4,608,157	0	4,608,157	0	4,608,157	65.00
66.00	PHYSICAL THERAPY	16,343,186	0	16,343,186	0	16,343,186	66.00
69.00	ELECTROCARDIOLOGY	4,999,579		4,999,579	0	4,999,579	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,893,446		1,893,446	31,855	1,925,301	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,726,619		15,726,619	0	15,726,619	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	34,198,920		34,198,920	0	34,198,920	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,004,832		25,004,832	0	25,004,832	73.00
74.00	RENAL DIALYSIS	5,299,527		5,299,527	0	5,299,527	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0		0	0	0	90.01
90.02	OP INSTITUTES	2,538,749		2,538,749	1,410	2,540,159	90.02
90.03	MARC	65,406		65,406	0	65,406	90.03
90.04	BARIATRIC CLINIC	727,687		727,687	5,020	732,707	90.04
90.05	PAIN MANAGEMENT	817,697		817,697	0	817,697	90.05
91.00	EMERGENCY	10,140,103		10,140,103	6,711	10,146,814	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,692,583		2,692,583	0	2,692,583	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES	6,184,818		6,184,818	0	6,184,818	95.00
200.00	Subtotal (see instructions)	273,135,370	0	273,135,370	110,024	273,245,394	200.00
201.00	Less Observation Beds	2,692,583		2,692,583	0	2,692,583	201.00
202.00	Total (see instructions)	270,442,787	0	270,442,787	110,024	270,552,811	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	76,635,957		76,635,957			30.00
31.00 INTENSIVE CARE UNIT	13,278,428		13,278,428			31.00
32.01 NICU	5,236,289		5,236,289			32.01
40.00 SUBPROVIDER - IPF	4,893,537		4,893,537			40.00
41.00 SUBPROVIDER - IRF	9,625,400		9,625,400			41.00
43.00 NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	40,458,303	31,096,804	71,555,107	0.333974	0.000000	50.00
54.00 RADIOLOGY-DIAGNOSTIC	25,686,608	57,335,937	83,022,545	0.169260	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	531,833	21,008,385	21,540,218	0.445306	0.000000	55.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	34,900,585	39,743,738	74,644,323	0.120795	0.000000	59.00
60.00 LABORATORY	31,413,279	17,578,540	48,991,819	0.244776	0.000000	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	5,080,275	1,515,244	6,595,519	0.492250	0.000000	63.00
65.00 RESPIRATORY THERAPY	19,491,498	1,915,999	21,407,497	0.215259	0.000000	65.00
66.00 PHYSICAL THERAPY	15,596,894	13,348,567	28,945,461	0.564620	0.000000	66.00
69.00 ELECTROCARDIOLOGY	7,976,616	8,736,834	16,713,450	0.299135	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	650,390	4,891,932	5,542,322	0.341634	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	39,146,133	10,640,816	49,786,949	0.315878	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	52,687,665	36,392,252	89,079,917	0.383913	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	51,938,362	36,347,797	88,286,159	0.283225	0.000000	73.00
74.00 RENAL DIALYSIS	1,661,232	13,003,348	14,664,580	0.361383	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0.000000	0.000000	90.01
90.02 OP INSTITUTES	267,848	3,225,441	3,493,289	0.726750	0.000000	90.02
90.03 MARC	78,043	93,599	171,642	0.381061	0.000000	90.03
90.04 BARIATRIC CLINIC	1,576	287,429	289,005	2.517905	0.000000	90.04
90.05 PAIN MANAGEMENT	730	1,182,001	1,182,731	0.691363	0.000000	90.05
91.00 EMERGENCY	11,673,823	43,897,923	55,571,746	0.182469	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	526,544	3,529,534	4,056,078	0.663839	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0	8,125,094	8,125,094	0.761200	0.000000	95.00
200.00 Subtotal (see instructions)	449,437,848	353,897,214	803,335,062			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	449,437,848	353,897,214	803,335,062			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 10:11 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.01	NICU			32.01
40.00	SUBPROVIDER - I/PF			40.00
41.00	SUBPROVIDER - I/PF			41.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.334397		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.169260		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.445357		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.120814		59.00
60.00	LABORATORY	0.244776		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.492250		63.00
65.00	RESPIRATORY THERAPY	0.215259		65.00
66.00	PHYSICAL THERAPY	0.564620		66.00
69.00	ELECTROCARDIOLOGY	0.299135		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.347382		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.315878		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.383913		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.283225		73.00
74.00	RENAL DIALYSIS	0.361383		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FIRST MED	0.000000		90.01
90.02	OP INSTITUTES	0.727154		90.02
90.03	MARC	0.381061		90.03
90.04	BARIATRIC CLINIC	2.535274		90.04
90.05	PAIN MANAGEMENT	0.691363		90.05
91.00	EMERGENCY	0.182589		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663839		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES	0.761200		95.00
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: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,236,981	0	4,236,981	58,955	71.87	30.00
31.00	INTENSIVE CARE UNIT	495,129		495,129	4,846	102.17	31.00
32.01	NICU	413,380		413,380	3,393	121.83	32.01
40.00	SUBPROVIDER - IPF	428,290	0	428,290	4,726	90.62	40.00
41.00	SUBPROVIDER - IRF	513,239	0	513,239	10,059	51.02	41.00
43.00	NURSERY	0		0	4,511	0.00	43.00
200.00	Total (lines 30-199)	6,087,019		6,087,019	86,490		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	30,013	2,157,034		30.00
31.00 INTENSIVE CARE UNIT	2,852	291,389		31.00
32.01 NICU	0	0		32.01
40.00 SUBPROVIDER - IPF	1,426	129,224		40.00
41.00 SUBPROVIDER - IRF	5,931	302,600		41.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	40,222	2,880,247		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 10:11 am
--	--	----------------------	---	---

Cost Center Description		Title XVIII			Hospital	PPS	
		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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,267,190	71,555,107	0.073610	19,950,652	1,468,567	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,257,763	83,022,545	0.039239	12,580,041	493,628	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,021,298	21,540,218	0.186688	265,685	49,600	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,203,628	74,644,323	0.029522	21,407,061	631,979	59.00
60.00	LABORATORY	430,780	48,991,819	0.008793	15,507,389	136,356	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	43,030	6,595,519	0.006524	3,340,340	21,792	63.00
65.00	RESPIRATORY THERAPY	476,274	21,407,497	0.022248	11,575,736	257,537	65.00
66.00	PHYSICAL THERAPY	2,224,450	28,945,461	0.076850	4,876,788	374,781	66.00
69.00	ELECTROCARDIOLOGY	1,861,546	16,713,450	0.111380	4,731,674	527,014	69.00
70.00	ELECTROENCEPHALOGRAPHY	438,096	5,542,322	0.079046	319,525	25,257	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,292	49,786,949	0.007779	18,802,167	146,262	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	741,326	89,079,917	0.008322	35,722,699	297,284	72.00
73.00	DRUGS CHARGED TO PATIENTS	631,382	88,286,159	0.007152	24,902,666	178,104	73.00
74.00	RENAL DIALYSIS	731,505	14,664,580	0.049882	1,208,034	60,259	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0.000000	0	0	90.01
90.02	OP INSTITUTES	495,574	3,493,289	0.141865	147,396	20,910	90.02
90.03	MARC	3,899	171,642	0.022716	0	0	90.03
90.04	BARIATRIC CLINIC	178,028	289,005	0.616003	1,576	971	90.04
90.05	PAIN MANAGEMENT	330,358	1,182,731	0.279318	730	204	90.05
91.00	EMERGENCY	835,605	55,571,746	0.015037	6,290,735	94,594	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	221,964	4,056,078	0.054724	60,395	3,305	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,780,988	685,540,357		181,691,289	4,788,404	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	57,659	0	0	57,659	30.00
31.00	INTENSIVE CARE UNIT	0	13,135	0	0	13,135	31.00
32.01	NICU	0	286	0	0	286	32.01
40.00	SUBPROVIDER - IPF	0	350	0	0	350	40.00
41.00	SUBPROVIDER - IRF	0	7,728	0	0	7,728	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	79,158	0	0	79,158	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	58,955	0.98	30,013	29,413		30.00
31.00	INTENSIVE CARE UNIT	4,846	2.71	2,852	7,729		31.00
32.01	NICU	3,393	0.08	0	0		32.01
40.00	SUBPROVIDER - IPF	4,726	0.07	1,426	100		40.00
41.00	SUBPROVIDER - IRF	10,059	0.77	5,931	4,567		41.00
43.00	NURSERY	4,511	0.00	0	0		43.00
200.00	Total (lines 30-199)	86,490		40,222	41,809		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
--	----------------------	---------------------------------------	--

Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	12,308	0	12,308	50.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00 CT SCAN	0	0	0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0	0	795	0	795	59.00	
60.00 LABORATORY	0	0	0	0	0	60.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00 ELECTROCARDIOLOGY	0	0	159	0	159	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01 FIRST MED	0	0	0	0	0	90.01	
90.02 OP INSTITUTES	0	0	0	0	0	90.02	
90.03 MARC	0	0	0	0	0	90.03	
90.04 BARIATRIC CLINIC	0	0	0	0	0	90.04	
90.05 PAIN MANAGEMENT	0	0	0	0	0	90.05	
91.00 EMERGENCY	0	0	6,583	0	6,583	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	3,013	0	3,013	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 AMBULANCE SERVICES						95.00	
200.00 Total (lines 50-199)	0	0	22,858	0	22,858	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
--	----------------------	---------------------------------------	--

Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12,308	71,555,107	0.000172	0.000172	19,950,652	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,022,545	0.000000	0.000000	12,580,041	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	21,540,218	0.000000	0.000000	265,685	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	795	74,644,323	1.1E-5	1.1E-5	21,407,061	59.00
60.00 LABORATORY	0	48,991,819	0.000000	0.000000	15,507,389	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,595,519	0.000000	0.000000	3,340,340	63.00
65.00 RESPIRATORY THERAPY	0	21,407,497	0.000000	0.000000	11,575,736	65.00
66.00 PHYSICAL THERAPY	0	28,945,461	0.000000	0.000000	4,876,788	66.00
69.00 ELECTROCARDIOLOGY	159	16,713,450	1E-5	1E-5	4,731,674	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,542,322	0.000000	0.000000	319,525	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,786,949	0.000000	0.000000	18,802,167	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	89,079,917	0.000000	0.000000	35,722,699	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	88,286,159	0.000000	0.000000	24,902,666	73.00
74.00 RENAL DIALYSIS	0	14,664,580	0.000000	0.000000	1,208,034	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0.000000	0.000000	0	90.01
90.02 OP INSTITUTES	0	3,493,289	0.000000	0.000000	147,396	90.02
90.03 MARC	0	171,642	0.000000	0.000000	0	90.03
90.04 BARIATRIC CLINIC	0	289,005	0.000000	0.000000	1,576	90.04
90.05 PAIN MANAGEMENT	0	1,182,731	0.000000	0.000000	730	90.05
91.00 EMERGENCY	6,583	55,571,746	0.000118	0.000118	6,290,735	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,013	4,056,078	0.000743	0.000743	60,395	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	22,858	685,540,357			181,691,289	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
--	----------------------	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	3,432	5,947,672	1,023	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	13,676,179	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	6,332,577	0	55.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	235	14,455,092	159	59.00
60.00	LABORATORY	0	1,437,847	0	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	593,652	0	63.00
65.00	RESPIRATORY THERAPY	0	830,284	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	47	2,672,623	27	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,023,692	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,060,974	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,188,440	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,444,675	0	73.00
74.00	RENAL DIALYSIS	0	8,084,351	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	FIRST MED	0	0	0	90.01
90.02	OP INSTITUTES	0	1,861,447	0	90.02
90.03	MARC	0	0	0	90.03
90.04	BARIATRIC CLINIC	0	27,427	0	90.04
90.05	PAIN MANAGEMENT	0	461,126	0	90.05
91.00	EMERGENCY	742	4,981,391	588	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	45	667,546	496	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	4,501	91,746,995	2,293	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 10:11 am
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.333974	5,947,672	11,992	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0.169260	13,676,179	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.445306	6,332,577	2,296	0		55.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.120795	14,455,092	0	0		59.00
60.00 LABORATORY	0.244776	1,437,847	0	0		60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.492250	593,652	0	0		63.00
65.00 RESPIRATORY THERAPY	0.215259	830,284	170	0		65.00
66.00 PHYSICAL THERAPY	0.564620	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0.299135	2,672,623	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.341634	1,023,692	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.315878	4,060,974	2,775	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.383913	12,188,440	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.283225	12,444,675	119,092	0		73.00
74.00 RENAL DIALYSIS	0.361383	8,084,351	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0.000000	0	0	0		90.01
90.02 OP INSTITUTES	0.726750	1,861,447	0	0		90.02
90.03 MARC	0.381061	0	0	0		90.03
90.04 BARIATRIC CLINIC	2.517905	27,427	0	0		90.04
90.05 PAIN MANAGEMENT	0.691363	461,126	0	0		90.05
91.00 EMERGENCY	0.182469	4,981,391	252	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.663839	667,546	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES	0.761200		0			95.00
200.00 Subtotal (see instructions)		91,746,995	136,577	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		91,746,995	136,577	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 10:11 am
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	1,986,368	4,005	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	2,314,830	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,819,935	1,022	0	55.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,746,103	0	0	59.00
60.00 LABORATORY	351,950	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	292,225	0	0	63.00
65.00 RESPIRATORY THERAPY	178,726	37	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	799,475	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	349,728	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,282,772	877	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,679,301	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,524,643	33,730	0	73.00
74.00 RENAL DIALYSIS	2,921,547	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 FIRST MED	0	0	0	90.01
90.02 OP INSTITUTES	1,352,807	0	0	90.02
90.03 MARC	0	0	0	90.03
90.04 BARIATRIC CLINIC	69,059	0	0	90.04
90.05 PAIN MANAGEMENT	318,805	0	0	90.05
91.00 EMERGENCY	908,949	46	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	443,143	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES		0		95.00
200.00 Subtotal (see instructions)	26,340,366	39,717	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	26,340,366	39,717	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,267,190	71,555,107	0.073610	999	74	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,257,763	83,022,545	0.039239	55,217	2,167	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,021,298	21,540,218	0.186688	16,251	3,034	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,203,628	74,644,323	0.029522	0	0	59.00
60.00	LABORATORY	430,780	48,991,819	0.008793	117,516	1,033	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	43,030	6,595,519	0.006524	0	0	63.00
65.00	RESPIRATORY THERAPY	476,274	21,407,497	0.022248	18,914	421	65.00
66.00	PHYSICAL THERAPY	2,224,450	28,945,461	0.076850	241,061	18,526	66.00
69.00	ELECTROCARDIOLOGY	1,861,546	16,713,450	0.111380	9,420	1,049	69.00
70.00	ELECTROENCEPHALOGRAPHY	438,096	5,542,322	0.079046	6,238	493	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,292	49,786,949	0.007779	14,780	115	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	741,326	89,079,917	0.008322	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	631,382	88,286,159	0.007152	220,286	1,575	73.00
74.00	RENAL DIALYSIS	731,505	14,664,580	0.049882	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0.000000	0	0	90.01
90.02	OP INSTITUTES	495,574	3,493,289	0.141865	950	135	90.02
90.03	MARC	3,899	171,642	0.022716	0	0	90.03
90.04	BARIATRIC CLINIC	178,028	289,005	0.616003	0	0	90.04
90.05	PAIN MANAGEMENT	330,358	1,182,731	0.279318	0	0	90.05
91.00	EMERGENCY	835,605	55,571,746	0.015037	54,263	816	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	221,964	4,056,078	0.054724	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,780,988	685,540,357		755,895	29,438	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	12,308	0	12,308	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	795	0	795	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	159	0	159	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	0	0	0	0	90.02
90.03 MARC	0	0	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 EMERGENCY	0	0	6,583	0	6,583	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	3,013	0	3,013	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	22,858	0	22,858	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12,308	71,555,107	0.000172	0.000172	999	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,022,545	0.000000	0.000000	55,217	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	21,540,218	0.000000	0.000000	16,251	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	795	74,644,323	1.1E-5	1.1E-5	0	59.00
60.00 LABORATORY	0	48,991,819	0.000000	0.000000	117,516	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,595,519	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	21,407,497	0.000000	0.000000	18,914	65.00
66.00 PHYSICAL THERAPY	0	28,945,461	0.000000	0.000000	241,061	66.00
69.00 ELECTROCARDIOLOGY	159	16,713,450	1E-5	1E-5	9,420	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,542,322	0.000000	0.000000	6,238	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,786,949	0.000000	0.000000	14,780	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	89,079,917	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	88,286,159	0.000000	0.000000	220,286	73.00
74.00 RENAL DIALYSIS	0	14,664,580	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0.000000	0.000000	0	90.01
90.02 OP INSTITUTES	0	3,493,289	0.000000	0.000000	950	90.02
90.03 MARC	0	171,642	0.000000	0.000000	0	90.03
90.04 BARIATRIC CLINIC	0	289,005	0.000000	0.000000	0	90.04
90.05 PAIN MANAGEMENT	0	1,182,731	0.000000	0.000000	0	90.05
91.00 EMERGENCY	6,583	55,571,746	0.000118	0.000118	54,263	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,013	4,056,078	0.000743	0.000743	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	22,858	685,540,357			755,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 FIRST MED	0	0	0	90.01
90.02 OP INSTITUTES	0	0	0	90.02
90.03 MARC	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	90.05
91.00 EMERGENCY	6	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	6	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	5,267,190	71,555,107	0.073610	20,098	1,479	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,257,763	83,022,545	0.039239	353,504	13,871	54.00
55.00	RADIOLOGY-THERAPEUTIC	4,021,298	21,540,218	0.186688	19,853	3,706	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,203,628	74,644,323	0.029522	0	0	59.00
60.00	LABORATORY	430,780	48,991,819	0.008793	616,529	5,421	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	43,030	6,595,519	0.006524	15,429	101	63.00
65.00	RESPIRATORY THERAPY	476,274	21,407,497	0.022248	516,205	11,485	65.00
66.00	PHYSICAL THERAPY	2,224,450	28,945,461	0.076850	4,429,105	340,377	66.00
69.00	ELECTROCARDIOLOGY	1,861,546	16,713,450	0.111380	42,711	4,757	69.00
70.00	ELECTROENCEPHALOGRAPHY	438,096	5,542,322	0.079046	7,322	579	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	387,292	49,786,949	0.007779	696,913	5,421	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	741,326	89,079,917	0.008322	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	631,382	88,286,159	0.007152	1,445,676	10,339	73.00
74.00	RENAL DIALYSIS	731,505	14,664,580	0.049882	160,977	8,030	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.01	FIRST MED	0	0	0.000000	0	0	90.01
90.02	OP INSTITUTES	495,574	3,493,289	0.141865	18,107	2,569	90.02
90.03	MARC	3,899	171,642	0.022716	0	0	90.03
90.04	BARIATRIC CLINIC	178,028	289,005	0.616003	0	0	90.04
90.05	PAIN MANAGEMENT	330,358	1,182,731	0.279318	0	0	90.05
91.00	EMERGENCY	835,605	55,571,746	0.015037	3,568	54	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	221,964	4,056,078	0.054724	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,780,988	685,540,357		8,345,997	408,189	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	12,308	0	12,308	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	795	0	795	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	159	0	159	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0	0	0	90.01
90.02 OP INSTITUTES	0	0	0	0	0	90.02
90.03 MARC	0	0	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 EMERGENCY	0	0	6,583	0	6,583	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	3,013	0	3,013	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	0	22,858	0	22,858	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	12,308	71,555,107	0.000172	0.000172	20,098	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	83,022,545	0.000000	0.000000	353,504	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	21,540,218	0.000000	0.000000	19,853	55.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	795	74,644,323	1.1E-5	1.1E-5	0	59.00
60.00 LABORATORY	0	48,991,819	0.000000	0.000000	616,529	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,595,519	0.000000	0.000000	15,429	63.00
65.00 RESPIRATORY THERAPY	0	21,407,497	0.000000	0.000000	516,205	65.00
66.00 PHYSICAL THERAPY	0	28,945,461	0.000000	0.000000	4,429,105	66.00
69.00 ELECTROCARDIOLOGY	159	16,713,450	1E-5	1E-5	42,711	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,542,322	0.000000	0.000000	7,322	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,786,949	0.000000	0.000000	696,913	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	89,079,917	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	88,286,159	0.000000	0.000000	1,445,676	73.00
74.00 RENAL DIALYSIS	0	14,664,580	0.000000	0.000000	160,977	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.01 FIRST MED	0	0	0.000000	0.000000	0	90.01
90.02 OP INSTITUTES	0	3,493,289	0.000000	0.000000	18,107	90.02
90.03 MARC	0	171,642	0.000000	0.000000	0	90.03
90.04 BARIATRIC CLINIC	0	289,005	0.000000	0.000000	0	90.04
90.05 PAIN MANAGEMENT	0	1,182,731	0.000000	0.000000	0	90.05
91.00 EMERGENCY	6,583	55,571,746	0.000118	0.000118	3,568	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,013	4,056,078	0.000743	0.000743	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	22,858	685,540,357			8,345,997	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 10:11 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	3	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01 FIRST MED	0	0	0	90.01
90.02 OP INSTITUTES	0	0	0	90.02
90.03 MARC	0	0	0	90.03
90.04 BARIATRIC CLINIC	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	90.05
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	3	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2012 10:11 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,955	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,955	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)		58,955	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)		30,013	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
<b>SWING BED ADJUSTMENT</b>				
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)		51,449,907	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)		51,449,907	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		82,908,526	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		82,908,526	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.620562	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,406.30	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)		51,449,907	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		872.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		26,192,345	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)		26,192,345	41.00



COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 10:11 am	
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	6,402,637	4,846	1,321.22	2,852	3,768,119	43.00
44.00 CORONARY CARE UNIT						44.00
44.01 NICU	2,750,276	3,393	810.57	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					52,160,786	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					82,121,250	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)					2,485,565	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,792,905	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					7,278,470	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					74,842,780	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,072	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					872.70	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,680,934	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,236,981	51,449,907	0.082352	2,680,934	220,780	90.00
91.00	Nursing School cost	0	51,449,907	0.000000	2,680,934	0	91.00
92.00	Allied health cost	57,659	51,449,907	0.001121	2,680,934	3,005	92.00
93.00	All other Medical Education	0	51,449,907	0.000000	2,680,934	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,726 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,726 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,726 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,426 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,916,958 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,916,958 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,975,161 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			4,975,161 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.787303 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,052.72 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,916,958 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			828.81 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,181,883 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,181,883 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 16S033		Date/Time Prepared: 1/30/2012 10:11 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					268,505		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,450,388		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					129,324		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,444		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					158,768		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,291,620		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					8		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					828.81		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,630		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 16S033		Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	428,290	3,916,958	0.109343	6,630	725	90.00
91.00 Nursing School cost	0	3,916,958	0.000000	6,630	0	91.00
92.00 Allied health cost	350	3,916,958	8.9E-5	6,630	1	92.00
93.00 All other Medical Education	0	3,916,958	0.000000	6,630	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			10,059 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			10,059 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)			10,059 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			5,931 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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			5,609,233 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			5,609,233 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			9,669,768 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			9,669,768 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.580079 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)			961.31 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			5,609,233 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			557.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,307,304 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)			3,307,304 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN: 16T033		Date/Time Prepared: 1/30/2012 10:11 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0	0	44.01
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,562,686		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,869,990		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					307,167		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					408,192		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					715,359		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,154,631		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						9	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					557.63		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,019		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	513,239	5,609,233	0.091499	5,019	459	90.00
91.00	Nursing School cost	0	5,609,233	0.000000	5,019	0	91.00
92.00	Allied health cost	7,728	5,609,233	0.001378	5,019	7	92.00
93.00	All other Medical Education	0	5,609,233	0.000000	5,019	0	93.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Title XVIII	Hospital	Date/Time Prepared: 1/30/2012 10:11 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		34,844,453		30.00
31.00	INTENSIVE CARE UNIT		8,347,201		31.00
32.01	NICU		0		32.01
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		12,120		41.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.334397	19,950,652	6,671,438	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.169260	12,580,041	2,129,298	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.445357	265,685	118,325	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120814	21,407,061	2,586,273	59.00
60.00	LABORATORY	0.244776	15,507,389	3,795,837	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.492250	3,340,340	1,644,282	63.00
65.00	RESPIRATORY THERAPY	0.215259	11,575,736	2,491,781	65.00
66.00	PHYSICAL THERAPY	0.564620	4,876,788	2,753,532	66.00
69.00	ELECTROCARDIOLOGY	0.299135	4,731,674	1,415,409	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.347382	319,525	110,997	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.315878	18,802,167	5,939,191	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.383913	35,722,699	13,714,409	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.283225	24,902,666	7,053,058	73.00
74.00	RENAL DIALYSIS	0.361383	1,208,034	436,563	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	FIRST MED	0.000000	0	0	90.01
90.02	OP INSTITUTES	0.727154	147,396	107,180	90.02
90.03	MARC	0.381061	0	0	90.03
90.04	BIARIATRIC CLINIC	2.535274	1,576	3,996	90.04
90.05	PAIN MANAGEMENT	0.691363	730	505	90.05
91.00	EMERGENCY	0.182589	6,290,735	1,148,619	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663839	60,395	40,093	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		181,691,289	52,160,786	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)		181,691,289		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		20,686		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.01	NICU		0		32.01
40.00	SUBPROVIDER - IPF		1,542,993		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.334397	999	334	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.169260	55,217	9,346	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.445357	16,251	7,237	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120814	0	0	59.00
60.00	LABORATORY	0.244776	117,516	28,765	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.492250	0	0	63.00
65.00	RESPIRATORY THERAPY	0.215259	18,914	4,071	65.00
66.00	PHYSICAL THERAPY	0.564620	241,061	136,108	66.00
69.00	ELECTROCARDIOLOGY	0.299135	9,420	2,818	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.347382	6,238	2,167	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.315878	14,780	4,669	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.383913	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.283225	220,286	62,391	73.00
74.00	RENAL DIALYSIS	0.361383	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.01	FIRST MED	0.000000	0	0	90.01
90.02	OP INSTITUTES	0.727154	950	691	90.02
90.03	MARC	0.381061	0	0	90.03
90.04	BARIATRIC CLINIC	2.535274	0	0	90.04
90.05	PAIN MANAGEMENT	0.691363	0	0	90.05
91.00	EMERGENCY	0.182589	54,263	9,908	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663839	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		755,895	268,505	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		755,895		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		27,576	30.00
31.00	INTENSIVE CARE UNIT		2,838	31.00
32.01	NICU		0	32.01
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		5,655,869	41.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.334397	20,098	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.169260	353,504	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.445357	19,853	55.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.120814	0	59.00
60.00	LABORATORY	0.244776	616,529	60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.492250	15,429	63.00
65.00	RESPIRATORY THERAPY	0.215259	516,205	65.00
66.00	PHYSICAL THERAPY	0.564620	4,429,105	66.00
69.00	ELECTROCARDIOLOGY	0.299135	42,711	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.347382	7,322	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.315878	696,913	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.383913	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.283225	1,445,676	73.00
74.00	RENAL DIALYSIS	0.361383	160,977	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.01	FIRST MED	0.000000	0	90.01
90.02	OP INSTITUTES	0.727154	18,107	90.02
90.03	MARC	0.381061	0	90.03
90.04	BARIATRIC CLINIC	2.535274	0	90.04
90.05	PAIN MANAGEMENT	0.691363	0	90.05
91.00	EMERGENCY	0.182589	3,568	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.663839	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		8,345,997	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		8,345,997	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		60,384,463	1.00
2.00	Outlier payments for discharges. (see instructions)		2,338,563	2.00
3.00	Managed Care Simulated Payments		8,244,020	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		272.58	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		11.57	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.91	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		11.57	12.00
13.00	Total allowable FTE count for the prior year.		16.18	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.		16.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		14.81	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		14.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.054333	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.042609	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.042609	21.00
22.00	IME payment adjustment (see instructions)		1,579,004	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		3.08	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.34	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)		3.08	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.011299	26.00
27.00	IME payments adjustment. (see instructions)		0.003010	27.00
28.00	IME Adjustment (see instructions)		206,572	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,785,576	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.68	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.12	31.00
32.00	Sum of lines 30 and 31		24.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.68	33.00
34.00	Disproportionate share adjustment (see instructions)		5,845,216	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
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)		70,353,818	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)		70,353,818	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 10:11 am	
		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)		5,537,775		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).		864,647		52.00
53.00	Nursing and Allied Health Managed Care payment		7,133		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		37,142		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		4,501		58.00
59.00	Total (sum of amounts on lines 49 through 58)		76,805,016		59.00
60.00	Primary payer payments		147,220		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		76,657,796		61.00
62.00	Deductibles billed to program beneficiaries		6,239,331		62.00
63.00	Coinsurance billed to program beneficiaries		205,357		63.00
64.00	Allowable bad debts (see instructions)		193,911		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		135,738		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		92,049		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		70,348,846		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)		70,348,846		71.00
72.00	Interim payments		68,190,504		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)		2,158,342		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		39,717	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,338,073	2.00
3.00	PPS payments		24,159,869	3.00
4.00	Outlier payment (see instructions)		168,286	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		2,293	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,717	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		136,577	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)		136,577	14.00
<b>Customary charges</b>				
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)		136,577	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		96,860	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		39,717	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		24,330,448	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		639	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,121,209	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)		19,248,317	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		252,379	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)		19,500,696	30.00
31.00	Primary payer payments		27,871	31.00
32.00	Subtotal (line 30 minus line 31)		19,472,825	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		435,172	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		304,620	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		83,397	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		19,777,445	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)		19,777,445	40.00
41.00	Interim payments		19,550,340	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)		227,105	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
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)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 160033		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		68,013,604		19,445,940	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/31/2011	176,900	01/31/2011	104,400	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		176,900		104,400	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)		68,190,504		19,550,340	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		2,158,342		227,105	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		70,348,846		19,777,445	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 10:11 am		
		Title XVIII	Subprovider - IPF	PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		841,102		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	01/31/2011	10,200		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		10,200		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		851,302		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		9,456		0	6.02
7.00	Total Medicare program liability (see instructions)		841,846		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,445,652			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,445,652			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		46,827			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		5,492,479			0	7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			927,488 1.00
2.00	Net IPF PPS Outlier Payments			19,003 2.00
3.00	Net IPF PPS ECT Payments			7,735 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			12.926027 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			954,226 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			954,226 16.00
17.00	Primary payer payments			2,805 17.00
18.00	Subtotal (line 16 less line 17).			951,421 18.00
19.00	Deductibles			121,404 19.00
20.00	Subtotal (line 18 minus line 19)			830,017 20.00
21.00	Coinsurance			2,216 21.00
22.00	Subtotal (line 20 minus line 21)			827,801 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			19,913 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			13,939 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			14,300 25.00
26.00	Subtotal (sum of lines 22 and 24)			841,740 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			106 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			841,846 31.00
32.00	Interim payments			851,302 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			-9,456 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			4,801,483 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0261 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			271,212 3.00
4.00	Outlier Payments			714,851 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			27.534247 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			5,787,546 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,787,546 17.00
18.00	Primary payer payments			8,872 18.00
19.00	Subtotal (line 17 less line 18).			5,778,674 19.00
20.00	Deductibles			14,620 20.00
21.00	Subtotal (line 19 minus line 20)			5,764,054 21.00
22.00	Coinsurance			297,368 22.00
23.00	Subtotal (line 21 minus line 22)			5,466,686 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			30,318 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			21,223 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,350 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,487,909 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			4,570 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,492,479 32.00
33.00	Interim payments			5,445,652 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			46,827 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/30/2012 10:11 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	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			2.71	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.93	0.00	17.93	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.	17.93	0.00	17.93	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	17.93	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.21	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.70	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.95	0.00		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	16.95	0.00		17.00
18.00	Per resident amount	117,342.03	0.00		18.00
19.00	Approved amount for resident costs	1,988,947	0	1,988,947	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,988,947	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	40,222	4,756		26.00
27.00	Total Inpatient Days	78,890	78,890		27.00
28.00	Ratio of inpatient days to total inpatient days	0.509849	0.060286		28.00
29.00	Program direct GME amount	1,014,063	119,906		29.00
30.00	Reduction for nursing/allied health		16,943		30.00
31.00	Net Program direct GME amount			1,117,026	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		14,664,580	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		90,441,628	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		158,897	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		90,282,731	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		26,380,083	42.00
43.00	Primary payer payments (see instructions)		27,871	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,352,212	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		116,634,943	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.774062	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.225938	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,117,026	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		864,647	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		252,379	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 160033      Period: From 07/01/2010 To 06/30/2011      Worksheet G  
 Date/Time Prepared: 1/30/2012 10:11 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	24,358,995	0	0	0	1.00
2.00	Temporary investments	4,088,586	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	95,813,972	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-49,891,816	0	0	0	6.00
7.00	Inventory	10,066,694	0	0	0	7.00
8.00	Prepaid expenses	488,590	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	84,925,021	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,630,772	0	0	0	12.00
13.00	Land improvements	14,433,734	0	0	0	13.00
14.00	Accumulated depreciation	-10,080,957	0	0	0	14.00
15.00	Buildings	166,187,604	0	0	0	15.00
16.00	Accumulated depreciation	-97,167,166	0	0	0	16.00
17.00	Leasehold improvements	14,255,247	0	0	0	17.00
18.00	Accumulated depreciation	-11,332,556	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	145,722,232	0	0	0	23.00
24.00	Accumulated depreciation	-117,379,959	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)	110,268,951	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	211,276,284	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	770,688	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	212,046,972	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	407,240,944	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	8,744,419	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,029,852	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,860,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	10,388,129	0	0	0	43.00
44.00	Other current liabilities	2,568,829	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,591,229	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	83,312,644	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	83,312,644	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	122,903,873	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	284,337,071				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)	284,337,071	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	407,240,944	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

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

Worksheet G-1

Date/Time Prepared:  
1/30/2012 10:11 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		251,790,246		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		53,116,131			2.00
3.00	Total (sum of line 1 and line 2)		304,906,377		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		304,906,377		0	11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	20,569,306		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)		20,569,306		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		284,337,071		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

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

Worksheet G-1

Date/Time Prepared:  
1/30/2012 10:11 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00						1.00
		0			0	
2.00						2.00
3.00		0			0	3.00
4.00	0		0			4.00
	0		0			
5.00	0		0			5.00
	0		0			
6.00	0		0			6.00
	0		0			
7.00	0		0			7.00
	0		0			
8.00	0		0			8.00
	0		0			
9.00	0		0			9.00
10.00		0			0	10.00
		0			0	
11.00						11.00
12.00	0		0			12.00
	0		0			
13.00	0		0			13.00
	0		0			
14.00	0		0			14.00
	0		0			
15.00	0		0			15.00
	0		0			
16.00	0		0			16.00
	0		0			
17.00	0		0			17.00
18.00		0			0	18.00
		0			0	
19.00						19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160033

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

Worksheet G-2 Parts  
Date/Time Prepared:  
1/30/2012 10:11 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	82,908,526		82,908,526	1.00
2.00	SUBPROVIDER - IPF	4,975,161		4,975,161	2.00
3.00	SUBPROVIDER - IRF	9,669,768		9,669,768	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)	97,553,455		97,553,455	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,401,484		13,401,484	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	5,310,639		5,310,639	12.01
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,712,123		18,712,123	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	116,265,578		116,265,578	17.00
18.00	Ancillary services	345,828,885	352,693,838	698,522,723	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	462,094,463	352,693,838	814,788,301	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		293,895,232		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		293,895,232		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/30/2012 10:11 am
------------------------------------	----------------------	---	--

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	814,788,301	1.00
2.00	Less contractual allowances and discounts on patients' accounts	500,386,717	2.00
3.00	Net patient revenues (line 1 minus line 2)	314,401,584	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	293,895,232	4.00
5.00	Net income from service to patients (line 3 minus line 4)	20,506,352	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,070,990	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	181,407	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,024,776	14.00
15.00	Revenue from rental of living quarters	272,948	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	1,253,545	24.00
24.01	OUTREACH REVENUE	162,221	24.01
24.02	MISCELLANEOUS REVENUE	1,846,125	24.02
24.03	GRANT REVENUE	163,753	24.03
24.04	INTEREST INCOME - RELATED	121,618	24.04
24.05	SPONSOR REVENUE	192,734	24.05
24.06	NON OPERATING GAINS	41,450,506	24.06
25.00	Total other income (sum of lines 6-24)	50,740,623	25.00
26.00	Total (line 5 plus line 25)	71,246,975	26.00
27.00	BAD DEBTS	18,099,704	27.00
27.01	ROUNDING	31,140	27.01
27.02		0	27.02
27.03		0	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	18,130,844	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	53,116,131	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet I-1 Date/Time Prepared: 1/30/2012 10:11 am
			Renal Dialysis	PPS

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	1,197,277	Hours of Service	39,919.00	19.19	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	1,693	Hours of Service	137.00	0.07	3.00
4.00	Technicians	516,378	Hours of Service	31,773.00	15.28	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	62,306	Hours of Service	2,164.00	1.04	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	270,747	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	2,048,401				9.00
10.00	Employee Benefits	149,268	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	591,561	Requisitions			14.00
15.00	Drugs	1,285,107	Requisitions			15.00
16.00	Other	229,179	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	4,303,516				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	57,652	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	186,875	Percentage of Time			19.00
20.00	Employee Benefits	329,164	Salary			20.00
21.00	Administrative & General	1,107,243	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	311,678	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	60,144	Requisitions			24.00
25.00	Pharmacy	-1,285,107	Requisitions			25.00
26.00	Other Allocated Costs	228,362	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	5,299,527				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)	5,299,527				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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 1/30/2012 10:11 am
			Renal Dialysis	PPS

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits	
		Buiding	Equipment	RNs	Other		
		1.00	2.00	3.00	4.00		
1.00	Total Renal Department Costs	369,330	186,875	1,197,277	580,377	478,432	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	340,462	172,261	1,131,965	534,953	440,997	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
<b>TRAINING</b>							
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
<b>HOME</b>							
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
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis	28,868	14,614	65,312	45,424	37,435	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)	369,330	186,875	1,197,277	580,377	478,432	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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 1/30/2012 10:11 am
--	--	----------------------	---	--

		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	651,705	0	3,463,996	1,835,531	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	0	600,712	0	3,221,350	1,706,956	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
<b>TRAINING</b>							
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
<b>HOME</b>							
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
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis	0	50,993	0	242,646	128,575	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)	1,285,107	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	651,705	0	3,463,996	1,835,531	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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-2 Date/Time Prepared: 1/30/2012 10:11 am
			Renal Dialysis	PPS

		Total (col. 9 + col. 10) 11.00	
1.00	Total Renal Department Costs	5,299,527	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis	4,928,306	2.00
3.00	Intermittent Peritoneal	0	3.00
<b>TRAINING</b>			
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
<b>HOME</b>			
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
<b>OTHER BILLABLE SERVICES</b>			
12.00	Inpatient Dialysis	371,221	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)	5,299,527	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	5,299,527	19.00



DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 1/30/2012 10:11 am
			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		369,330	186,875	1,197,277	580,377	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis		3,774	92.18	36,795.00	10,929.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
<b>TRAINING</b>							
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
<b>HOME</b>							
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
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,579	320	7.82	2,123.00	928.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		4,094	100.00	38,918.00	11,857.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		90.212506	1,868.750000	30.764094	48.948048	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 1/30/2012 10:11 am
			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	478,432	0	651,705	0	3,463,996	1.00
<b>MAINTENANCE</b>						
2.00 Hemodialysis	1,888,122	0	582,544	0		2.00
3.00 Intermittent Peritoneal	0	0	0	0		3.00
<b>TRAINING</b>						
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
<b>HOME</b>						
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
<b>OTHER BILLABLE SERVICES</b>						
12.00 Inpatient Dialysis Treatments	160,279	0	49,451	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	2,048,401	0	631,995	0		17.00
18.00 Unit Cost Multiplier (line 1 ÷ line 17)	0.233564	0.000000	1.031187	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet 1-3 Date/Time Prepared: 1/30/2012 10:11 am
			Renal Dialysis	PPS

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	1,835,531	1.00
<b>MAINTENANCE</b>			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
<b>TRAINING</b>			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
<b>HOME</b>			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
<b>OTHER BILLABLE SERVICES</b>			
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	3,463,996	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.529888	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033

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

Worksheet 1-4

Date/Time Prepared:  
1/30/2012 10:11 am

		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	20,180	4,928,306	244.22	14,592	3,563,658	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
		<b>Patient Weeks</b>			<b>Patient Weeks</b>		
		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)	20,180	4,928,306		14,592	3,563,658	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033

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

Worksheet 1-4

Date/Time Prepared:  
1/30/2012 10:11 am

		Rate 0	Renal Dialysis	PPS
		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	162	0.01	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)	162		11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet I-5 Date/Time Prepared: 1/30/2012 10:11 am
--	----------------------	---	--

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	3,563,658	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	162	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)	130	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.)	3,563,528	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: 160033	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/30/2012 10:11 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,866,346	1.00
2.00	Capital DRG outlier payments		282,121	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		179.40	3.00
4.00	Number of interns & residents (see instructions)		17.89	4.00
5.00	Indirect medical education percentage (see instructions)		2.85	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		138,691	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.68	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		19.12	8.00
9.00	Sum of lines 7 and 8		24.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.15	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		250,617	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,537,775	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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