

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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 7/2/2012 2:04 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012 Time: 12:09 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	192,480	250,947	0	25,491,129	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	192,480	250,947	0	25,491,129	200.00

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

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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.

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Encryption Information
ECR: Date: 5/30/2012 Time: 12:09 pm
MDBn6qakYu9v91.: 7iDSaeg2P20bD0
8dNrt0nMicyoCui8bthZxyn4AUTT86
utzC2iIop90vG0JP
PI: Date: 5/30/2012 Time: 12:09 pm
Dxx.nzZ6EuX9TVIwClipJIJ8Uv5X: 1
MsMqjOlzvEXRd3oAMun9Wodudegbzl
:PrfNvi1CLOJOAvf

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	192,480	250,947	0	25,491,129	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	192,480	250,947	0	25,491,129	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 7/2/2012 2:04 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 9000 W. WISCONSIN AVE	PO Box:		Zip Code: 53201		County: MILWAUKEE					
2.00	City: MILWAUKEE	State: WI									
		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	CHILDREN'S HOSPITAL OF WISCONSIN		523300	33340	7	01/01/1984	0	T	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N		N	10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis	RENAL DIALYSIS		522319	33340		01/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						4		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N		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 unpaid 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 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00		
							Urban/Rural	S		Date of Geogr	
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		
							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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 7/2/2012 2:04 pm		
		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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. 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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	110.57	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 523300

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

Worksheet S-2
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)	PEDIATRICS	2000	2.85	61.09	0.044573	65.00
65.01		FAMILY MEDICINE	1350	0.00	4.99	0.000000	65.01
65.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	65.02
65.03		GERIATRIC MEDICINE	1408	0.00	0.00	0.000000	65.03
65.04		INTERNAL MED & Peds	1450	0.00	10.67	0.000000	65.04
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.02	129.09	0.007840	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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	PEDIATRICS	2000	5.53	58.46	0.086420	67.00	
67.01		FAMILY MEDICINE	1350	0.00	5.80	0.000000	67.01	
67.02		INTERNAL MEDICINE	1400	0.00	0.08	0.000000	67.02	
67.03		GERIATRIC MEDICINE	1408	0.00	0.00	0.000000	67.03	
67.04		INTERNAL MED & PEDS	1450	0.79	11.02	0.066892	67.04	
67.06				0.00	0.00	0.000000	67.06	
						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.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00	
						1.00		
Long Term Care Hospital PPS								
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)					N	80.00	
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N	86.00	
						V	XIX	
						1.00	2.00	
Title V or XIX Inpatient Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91.00	

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		V 1.00	XIX 2.00		
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	Y		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	10.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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			109.00
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01
				1.00	2.00
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.		01/01/1984		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 7/2/2012 2:04 pm			
		1.00	2.00				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00		
		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
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	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	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	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 7/2/2012 2:04 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	04/30/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		N	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	03/20/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/20/2012	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: 523300

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

Worksheet S-2
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDREN'S HOSPITALS)					
Capital Related Cost					
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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00	3.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.				41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	03/20/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/20/2012	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: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

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	157	57,305	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)		157	57,305	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	115	41,975	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE HOT UNIT	35.00	24	8,760	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		296	108,040	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		296				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	158	8,107	34,766		1.00
2.00 HMO		0	18,122			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	158	8,107	34,766		7.00
8.00 INTENSIVE CARE UNIT	0	93	9,119	30,798		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE HOT UNIT	0	11	1,484	6,780		12.00
13.00 NURSERY	0	0	0	0		13.00
14.00 Total (see instructions)	0	262	18,710	72,344		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0	0	0	0		20.00
21.00 OTHER LONG TERM CARE	0	0	0	0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		23.00
24.00 HOSPICE	0	0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)	0	0	0	0		27.00
28.00 Observation Bed Days	0	0	0	0		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips	0	0	0	0		29.00
30.00 Employee discount days (see instruction)	0	0	0	0		30.00
31.00 Employee discount days - IRF	0	0	0	0		31.00
32.00 Labor & delivery days (see instructions)	0	0	0	0		32.00
33.00 LTCH non-covered days	0	0	0	0		33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	46	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE HOT UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	204.15	2,446.01	0.00	0	46	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	204.15	2,446.01	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-3
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,633	12,178		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE HOT UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	2,633	12,178		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-5

Date/Time Prepared:
7/2/2012 2:04 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	7	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	5.00		2.00
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	8.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	365	0				5.00
6.00	Number of stations	5	0	0	1		6.00
7.00	Treatment capacity per day per station	2	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	15					11.00
12.00	Number of patients transplanted during the cost reporting period	12					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	4,448					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 523300

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

Worksheet S-5
Date/Time Prepared:
7/2/2012 2:04 pm

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	5	1.00
2.00	Number of times per week patient receives dialysis	0.00	7.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		19,901,353	19,901,353	16,614,141	36,515,494	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		15,956,369	15,956,369	889,918	16,846,287	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	0	0	4,555,418	4,555,418	4.00
5.00 ADMINISTRATIVE & GENERAL	13,309,661	105,661,064	118,970,725	-33,212,494	85,758,231	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	2,547,124	11,435,423	13,982,547	0	13,982,547	7.00
8.00 LAUNDRY & LINEN SERVICE	0	1,029,278	1,029,278	0	1,029,278	8.00
9.00 HOUSEKEEPING	2,914,100	2,695,712	5,609,812	-592	5,609,220	9.00
10.00 DIETARY	1,440,162	2,583,455	4,023,617	0	4,023,617	10.00
11.00 CAFETERIA	243,398	924,895	1,168,293	115,466	1,283,759	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	4,890,714	2,139,345	7,030,059	-170,021	6,860,038	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,429,727	5,924,057	9,353,784	-2,854,457	6,499,327	14.00
15.00 PHARMACY	6,842,110	22,786,546	29,628,656	-18,920,182	10,708,474	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,334,358	2,575,125	4,909,483	0	4,909,483	16.00
17.00 SOCIAL SERVICE	1,824,797	711,942	2,536,739	-252,401	2,284,338	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	10,641,974	10,641,974	5,318,987	15,960,961	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	11,621,082	11,621,082	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,147,874	6,772,437	22,920,311	-860,591	22,059,720	30.00
31.00 INTENSIVE CARE UNIT	24,220,805	11,107,506	35,328,311	-2,727,933	32,600,378	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	-357	-357	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	3,528,090	4,955,969	8,484,059	-128,165	8,355,894	35.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,191,359	6,056,304	14,247,663	-12,148,024	2,099,639	50.00
51.00 RECOVERY ROOM	1,602,416	610,000	2,212,416	0	2,212,416	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	298,983	1,248,797	1,547,780	-695,554	852,226	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,719,920	5,777,105	11,497,025	546,406	12,043,431	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	486,193	460,032	946,225	-276	945,949	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	538,294	1,120,077	1,658,371	-6,804	1,651,567	58.00
59.00 CARDIAC CATHETERIZATION	483,681	1,456,787	1,940,468	0	1,940,468	59.00
60.00 LABORATORY	5,515,739	13,607,925	19,123,664	314,501	19,438,165	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	6,567,250	6,567,250	-211	6,567,039	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	4,625,961	3,850,200	8,476,161	-2,199,286	6,276,875	65.00
66.00 PHYSICAL THERAPY	1,929,026	837,591	2,766,617	-150,364	2,616,253	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	1,983,890	1,144,977	3,128,867	-479,727	2,649,140	68.00
69.00 ELECTROCARDIOLOGY	2,345,091	2,375,177	4,720,268	213,983	4,934,251	69.00
70.00 ELECTROENCEPHALOGRAPHY	591,164	279,255	870,419	56,773	927,192	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,729,158	25,729,158	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	10,312,000	10,312,000	0	10,312,000	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	18,909,237	18,909,237	73.00
74.00 RENAL DIALYSIS	271,619	260,332	531,951	-4,926	527,025	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	365,276	135,330	500,606	86,910	587,516	90.01
90.02 PAIN/PALLIATIVE CARE	493,357	168,342	661,699	147,022	808,721	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
90.03 DIABETIC CLINIC	493,160	206,541	699,701	420	700,121	90.03
90.04 GI CLINIC	1,300,235	471,533	1,771,768	296,966	2,068,734	90.04
90.05 CLINIC FOR SPECIAL NEEDS	507,577	249,576	757,153	-25,251	731,902	90.05
90.06 DIETETICS	1,329,955	424,625	1,754,580	-23,562	1,731,018	90.06
90.07 INFUSION ROOM	235,987	78,141	314,128	-2,321	311,807	90.07
90.08 CARDIOLOGY CLINIC	774,329	405,541	1,179,870	-7,808	1,172,062	90.08
90.09 PULMONARY CLINIC	378,211	154,267	532,478	-39,544	492,934	90.09
90.10 ENT CLINIC	497,937	187,617	685,554	98,616	784,170	90.10
90.11 ORTHOPEDIC CLINIC	559,977	295,752	855,729	-110,612	745,117	90.11
90.12 EYE CLINIC	168,068	73,226	241,294	23,204	264,498	90.12
90.13 ONCOLOGY CLINIC	1,173,756	624,172	1,797,928	-250,644	1,547,284	90.13
90.14 SURGICAL SPECIALTIES	797,042	330,334	1,127,376	677	1,128,053	90.14
90.15 ALLERGY CLINIC	769,473	427,147	1,196,620	246,632	1,443,252	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	462,097	227,627	689,724	103,761	793,485	90.17
90.18 CLINIC ADMINISTRATION	51,051	17,074	68,125	-68,125	0	90.18
90.19 CRANIOFACIAL CENTER	118,948	50,361	169,309	102	169,411	90.19
90.20 HEMATOLOGY CLINIC	294,584	94,751	389,335	0	389,335	90.20
90.21 SPINA BIFIDA	174,710	56,078	230,788	44,566	275,354	90.21
90.22 NEUROSCIENCES CLINIC	922,945	300,094	1,223,039	60,441	1,283,480	90.22
90.23 RHEUMATOLOGY CLINIC	191,358	68,587	259,945	77,505	337,450	90.23
90.24 ENDOCRINE CLINIC	167,338	55,478	222,816	121,304	344,120	90.24
90.25 RENAL CLINIC	213,244	69,455	282,699	68	282,767	90.25
90.26 GREENWAY CLINIC	403,752	598,993	1,002,745	-260,970	741,775	90.26
90.27 NEW BERLIN CLINIC	1,101,542	3,044,322	4,145,864	-667	4,145,197	90.27
91.00 EMERGENCY	5,120,989	2,714,930	7,835,919	-792,417	7,043,502	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	17,120	140,199	157,319	32,045	189,364	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	1,493,815	502,867	1,996,682	255,884	2,252,566	98.00
98.01 TRANSPORT	2,017,462	3,189,249	5,206,711	-100,486	5,106,225	98.01
98.02 GENETICS CENTER	641,880	379,985	1,021,865	60,852	1,082,717	98.02
98.03 NUCLEAR MEDICINE	209,996	482,458	692,454	0	692,454	98.03
98.04 CHILD DEVELOPMENT	84,760	351,180	435,940	57,223	493,163	98.04
98.05 CHILD PROTECTION CENTER	913,837	763,542	1,677,379	91,224	1,768,603	98.05
98.06 DENTAL SRVC	2,409,499	1,186,742	3,596,241	-509,058	3,087,183	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	175,266	547,371	722,637	-46,462	676,175	105.00
106.00 HEART ACQUISITION	148,131	861,157	1,009,288	0	1,009,288	106.00
107.00 LIVER ACQUISITION	-326	149,894	149,568	0	149,568	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	14,505,073	14,505,073	-14,505,073	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	321,197	321,197	-321,197	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	145,434,594	318,677,067	464,111,661	-5,186,070	458,925,591	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	184,741	184,741	0	184,741	190.00
191.00 RESEARCH	1,581,713	1,738,088	3,319,801	337,562	3,657,363	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	348,464	348,464	0	348,464	194.00
194.01 POISON CENTER	1,277,636	496,669	1,774,305	0	1,774,305	194.01
194.02 PUBLIC RELATIONS	0	115,460	115,460	1,768,095	1,883,555	194.02
194.03 OUTREACH	256,535	103,553	360,088	1,446,274	1,806,362	194.03
194.04 OTHER OFFSITE CLINICS	344,265	394,236	738,501	1,579,036	2,317,537	194.04
194.05 CHILDREN'S SPECIALTY GROUP	248,519	81,844	330,363	-4,630	325,733	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	13,357	10,546	23,903	-1,212	22,691	194.07
194.08 ADOLESCENT MEDICINE	91,204	39,059	130,263	60,945	191,208	194.08
200.00 TOTAL (SUM OF LINES 118-199)	149,247,823	322,189,727	471,437,550	0	471,437,550	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-11,463,935	25,051,559	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	105,865	16,952,152	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	4,555,418	4.00
5.00	ADMINISTRATIVE & GENERAL	-6,617,546	79,140,685	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-125,356	13,857,191	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,029,278	8.00
9.00	HOUSEKEEPING	0	5,609,220	9.00
10.00	DIETARY	1,071,088	5,094,705	10.00
11.00	CAFETERIA	-1,270,011	13,748	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-136,494	6,723,544	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,499,327	14.00
15.00	PHARMACY	-1,904,873	8,803,601	15.00
16.00	MEDICAL RECORDS & LIBRARY	-51,087	4,858,396	16.00
17.00	SOCIAL SERVICE	-11,972	2,272,366	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,960,961	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-6,817,481	4,803,601	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-127,618	21,932,102	30.00
31.00	INTENSIVE CARE UNIT	-491,831	32,108,547	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	-357	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	-266,790	8,089,104	35.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-769,793	1,329,846	50.00
51.00	RECOVERY ROOM	0	2,212,416	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-30,538	821,688	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-691,426	11,352,005	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	945,949	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,651,567	58.00
59.00	CARDIAC CATHETERIZATION	0	1,940,468	59.00
60.00	LABORATORY	-167,018	19,271,147	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	6,567,039	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	-77,472	6,199,403	65.00
66.00	PHYSICAL THERAPY	0	2,616,253	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	2,649,140	68.00
69.00	ELECTROCARDIOLOGY	-237,531	4,696,720	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	927,192	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,729,158	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,312,000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	18,909,237	73.00
74.00	RENAL DIALYSIS	-15,042	511,983	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	-43,348	544,168	90.01
90.02	PAIN/PALLIATIVE CARE	-114,057	694,664	90.02
90.03	DIABETIC CLINIC	0	700,121	90.03
90.04	GI CLINIC	-149,034	1,919,700	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 523300

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

Worksheet A
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
90.05	CLINIC FOR SPECIAL NEEDS	0	731,902	90.05
90.06	DIETETICS	-45,947	1,685,071	90.06
90.07	INFUSION ROOM	0	311,807	90.07
90.08	CARDIOLOGY CLINIC	0	1,172,062	90.08
90.09	PULMONARY CLINIC	-19,322	473,612	90.09
90.10	ENT CLINIC	0	784,170	90.10
90.11	ORTHOPEDIC CLINIC	0	745,117	90.11
90.12	EYE CLINIC	-47,491	217,007	90.12
90.13	ONCOLOGY CLINIC	0	1,547,284	90.13
90.14	SURGICAL SPECIALTIES	0	1,128,053	90.14
90.15	ALLERGY CLINIC	-414,457	1,028,795	90.15
90.16	LASER CLINIC	0	0	90.16
90.17	DERMATOLOGY CLINIC	0	793,485	90.17
90.18	CLINIC ADMINISTRATION	0	0	90.18
90.19	CRANIOFACIAL CENTER	0	169,411	90.19
90.20	HEMATOLOGY CLINIC	0	389,335	90.20
90.21	SPINA BIFIDA	0	275,354	90.21
90.22	NEUROSCIENCES CLINIC	0	1,283,480	90.22
90.23	RHEUMATOLOGY CLINIC	-39,246	298,204	90.23
90.24	ENDOCRINE CLINIC	-60,671	283,449	90.24
90.25	RENAL CLINIC	-97,575	185,192	90.25
90.26	GREENWAY CLINIC	0	741,775	90.26
90.27	NEW BERLIN CLINIC	0	4,145,197	90.27
91.00	EMERGENCY	-83,822	6,959,680	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	189,364	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	-108,088	2,144,478	98.00
98.01	TRANSPORT	-218	5,106,007	98.01
98.02	GENETICS CENTER	-35,863	1,046,854	98.02
98.03	NUCLEAR MEDICINE	0	692,454	98.03
98.04	CHILD DEVELOPMENT	-26,500	466,663	98.04
98.05	CHILD PROTECTION CENTER	-55,479	1,713,124	98.05
98.06	DENTAL SRVC	0	3,087,183	98.06
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	676,175	105.00
106.00	HEART ACQUISITION	-58,810	950,478	106.00
107.00	LIVER ACQUISITION	0	149,568	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-31,496,789	427,428,802	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-184,741	0	190.00
191.00	RESEARCH	-70,129	3,587,234	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	0	348,464	194.00
194.01	POISON CENTER	-12,275	1,762,030	194.01
194.02	PUBLIC RELATIONS	0	1,883,555	194.02
194.03	OUTREACH	-248,574	1,557,788	194.03
194.04	OTHER OFFSITE CLINICS	0	2,317,537	194.04
194.05	CHILDREN'S SPECIALTY GROUP	0	325,733	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	194.06
194.07	NORTH SHORE CLINIC	-22,930	-239	194.07
194.08	ADOLESCENT MEDICINE	0	191,208	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-32,035,438	439,402,112	200.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
7/2/2012 2:04 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS INSURANCE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	249,922	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	71,275	2.00	
	TOTALS		0	321,197		
B - RECLASS INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,480,116	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,957	2.00	
	TOTALS		0	14,505,073		
C - RECLASS MALPRACTICE INSURANCE						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	507,394	1.00	
	TOTALS		0	507,394		
D - RECLASS DENTAL I&R FROM A&G						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	391,655	119,554	1.00	
	TOTALS		391,655	119,554		
E - RECLASS DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	18,920,182	1.00	
	TOTALS		0	18,920,182		
F - RECLASS MED SUPP CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,854,457	1.00	
	TOTALS		0	2,854,457		
G - RECLASS RENTAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,785,893	1.00	
	TOTALS		0	1,785,893		
H - RECLASS EQUIPMENT RENTAL COSTS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	891,896	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
	TOTALS		0	891,896		
J - RECLASS MCW PURCHASED SERVICES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	11,113,688	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	254,834	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	697,017	3.00	
4.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	264,932	4.00	
5.00	OPERATING ROOM	50.00	0	1,033,892	5.00	
6.00	ANESTHESIOLOGY	53.00	0	237,787	6.00	
7.00	LABORATORY	60.00	0	336,960	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	633,792	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	59,699	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	219,794	10.00	
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	46,322	11.00	
12.00	RENAL DIALYSIS	74.00	0	29,981	12.00	
13.00	PSYCHIATRY - OFFICE BLDG	98.00	0	231,116	13.00	
14.00	GENETICS CENTER	98.02	0	60,243	14.00	
15.00	CHILD DEVELOPMENT	98.04	0	52,930	15.00	
16.00	CHILD PROTECTION CENTER	98.05	0	90,323	16.00	
17.00	ID PRIM CARE SUPP NETWORK	90.01	0	86,609	17.00	
18.00	GI CLINIC	90.04	0	297,543	18.00	
19.00	PAIN/PALLIATIVE CARE	90.02	0	147,022	19.00	
20.00	ENT CLINIC	90.10	0	121,858	20.00	
21.00	EYE CLINIC	90.12	0	23,059	21.00	
22.00	ALLERGY CLINIC	90.15	0	245,918	22.00	
23.00	DERMATOLOGY CLINIC	90.17	0	103,588	23.00	
24.00	SPINA BIFIDA	90.21	0	48,576	24.00	
25.00	NEUROSCIENCES CLINIC	90.22	0	46,322	25.00	
26.00	RHEUMATOLOGY CLINIC	90.23	0	78,317	26.00	
27.00	ENDOCRINE CLINIC	90.24	0	121,169	27.00	
28.00	EMERGENCY	91.00	0	142,292	28.00	
29.00	RESEARCH	191.00	0	23,243	29.00	

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00	ADOLESCENT MEDICINE	194.08	0	60,866	30.00
	TOTALS		0	16,909,692	
K - RECLASS IRIS FELLOWS SAL&BEN					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,807,778	1.00
	TOTALS		0	4,807,778	
M - RECLASS DEPRECIATION FOR A&E FEES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	98,210	1.00
	TOTALS		0	98,210	
O - RECLASS SOCIAL SERVICES EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	145,021	90,043	1.00
	TOTALS		145,021	90,043	
P - RECLASS SAL & BEN TO RENAL DIALYSIS					
1.00	RENAL DIALYSIS	74.00	6,697	2,246	1.00
2.00	HOME PROGRAM DIALYSIS	94.00	23,927	8,029	2.00
	TOTALS		30,624	10,275	
Q - RECLASS CHHS SALARY TO OTHER EXP					
1.00	EMPLOYEE BENEFITS	4.00	2,159,046	2,396,372	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	15,739,293	16,444,134	2.00
3.00	CAFETERIA	11.00	0	115,466	3.00
4.00	PUBLIC RELATIONS	194.02	837,228	930,867	4.00
5.00	OUTREACH	194.03	952,829	493,357	5.00
6.00	OTHER OFFSITE CLINICS	194.04	871,116	731,168	6.00
7.00	CHILDREN'S SPECIALTY GROUP	194.05	-3,750	-880	7.00
	TOTALS		20,555,762	21,110,484	
R - RECLASS AMBULATORY ADMINISTRATION					
1.00	PHYSICAL THERAPY	66.00	980	295	1.00
2.00	SPEECH PATHOLOGY	68.00	1,229	634	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	366	155	3.00
4.00	RENAL DIALYSIS	74.00	6	58	4.00
5.00	RENAL DIALYSIS	74.00	163	86	5.00
6.00	PSYCHIATRY - OFFICE BLDG	98.00	1,105	279	6.00
7.00	GENETICS CENTER	98.02	398	211	7.00
8.00	CHILD DEVELOPMENT	98.04	53	195	8.00
9.00	CHILD PROTECTION CENTER	98.05	479	422	9.00
10.00	DENTAL SRVC	98.06	989	420	10.00
11.00	DENTAL SRVC	98.06	125	60	11.00
12.00	DENTAL SRVC	98.06	379	178	12.00
13.00	ID PRIM CARE SUPP NETWORK	90.01	226	75	13.00
14.00	DIABETIC CLINIC	90.03	306	114	14.00
15.00	GI CLINIC	90.04	806	261	15.00
16.00	CLINIC FOR SPECIAL NEEDS	90.05	315	138	16.00
17.00	PULMONARY CLINIC	90.09	234	85	17.00
18.00	ADOLESCENT MEDICINE	194.08	57	22	18.00
19.00	ENT CLINIC	90.10	309	104	19.00
20.00	ORTHOPEDIC CLINIC	90.11	347	164	20.00
21.00	EYE CLINIC	90.12	104	41	21.00
22.00	SURGICAL SPECIALTIES	90.14	214	76	22.00
23.00	SURGICAL SPECIALTIES	90.14	280	107	23.00
24.00	ALLERGY CLINIC	90.15	477	237	24.00
25.00	DERMATOLOGY CLINIC	90.17	286	126	25.00
26.00	CRANIOFACIAL CENTER	90.19	74	28	26.00
27.00	SPI NABI FIDA	90.21	60	17	27.00
28.00	SPI NABI FIDA	90.21	48	14	28.00
29.00	NEUROSCIENCES CLINIC	90.22	572	166	29.00
30.00	RHEUMATOLOGY CLINIC	90.23	119	38	30.00
31.00	ENDOCRINE CLINIC	90.24	104	31	31.00
32.00	RENAL CLINIC	90.25	132	38	32.00
33.00	HOME PROGRAM DIALYSIS	94.00	11	78	33.00
34.00	OUTREACH	194.03	34	10	34.00
35.00	OUTREACH	194.03	18	26	35.00
36.00	NORTH SHORE CLINIC	194.07	8	6	36.00
	TOTALS		11,413	4,995	
S - RECLASS SUPPLY EX CHARGED TO PTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	23,186,335	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

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	TOTALS		0	23,186,335	
T - RECLASS COST OF EPO TO DIALYSIS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	42,963	1.00
	TOTALS		0	42,963	
U - RECLASS BEHAV HEALTH/NEURO ADMIN					
1.00	ELECTROENCEPHALOGRAPHY	70.00	7,577	2,353	1.00
2.00	PSYCHIATRY - OFFICE BLDG	98.00	19,146	4,238	2.00
3.00	CHILD DEVELOPMENT	98.04	1,086	2,959	3.00
4.00	NEUROSCIENCES CLINIC	90.22	11,829	2,529	4.00
	TOTALS		39,638	12,079	
V - RECLASS CLIN TRIAL COST TO RESEARCH					
1.00	RESEARCH	191.00	0	69,349	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
	TOTALS		0	69,349	
W - RECLASS RESEARCH GRANT EXPENSES					
1.00	RESEARCH	191.00	15,234	10,470	1.00
2.00	SOCIAL SERVICE	17.00	191	58	2.00
3.00	RESEARCH	191.00	6,398	1,280	3.00
4.00	RESEARCH	191.00	2,572	1,577	4.00
5.00	RESEARCH	191.00	27,480	8,666	5.00
6.00	RESEARCH	191.00	0	170,021	6.00
7.00	RESEARCH	191.00	0	1,272	7.00
	TOTALS		51,875	193,344	
X - RECLASS KIDNEY COORDINATOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	46,462	0	1.00
	TOTALS		46,462	0	
500.00	Grand Total: Increases		21,272,450	106,441,193	500.00

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
7/2/2012 2:04 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS INSURANCE EXPENSE							
1.00	OTHER CAPITAL RELATED COSTS	117.00	0	321,197	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	321,197			
B - RECLASS INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	14,505,073	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	14,505,073			
C - RECLASS MALPRACTICE INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	507,394	0		1.00
	TOTALS		0	507,394			
D - RECLASS DENTAL I&R FROM A&G							
1.00	DENTAL SRVC	98.06	391,655	119,554	0		1.00
	TOTALS		391,655	119,554			
E - RECLASS DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	18,920,182	0		1.00
	TOTALS		0	18,920,182			
F - RECLASS MED SUPP CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,854,457	0		1.00
	TOTALS		0	2,854,457			
G - RECLASS RENTAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,785,893	9		1.00
	TOTALS		0	1,785,893			
H - RECLASS EQUIPMENT RENTAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	444	9		1.00
2.00	HOUSEKEEPING	9.00	0	592	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,769	0		3.00
4.00	OPERATING ROOM	50.00	0	11,590	0		4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	310,791	0		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,402	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	86,158	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	5,053	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	151,311	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	475	0		10.00
11.00	RENAL DIALYSIS	74.00	0	1,200	0		11.00
12.00	GREENWAY CLINIC	90.26	0	260,970	0		12.00
13.00	NEW BERLIN CLINIC	90.27	0	667	0		13.00
14.00	OTHER OFFSITE CLINICS	194.04	0	23,248	0		14.00
15.00	NORTH SHORE CLINIC	194.07	0	1,226	0		15.00
	TOTALS		0	891,896			
J - RECLASS MCW PURCHASED SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,909,692	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
	TOTALS		0	16,909,692			

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - RECLASS IRIS FELLOWS SAL&BEN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,807,778	0		1.00
	TOTALS		0	4,807,778			
M - RECLASS DEPRECIATION FOR A&E FEES							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	98,210	9		1.00
	TOTALS		0	98,210			
O - RECLASS SOCIAL SERVICES EXPENSES							
1.00	SOCIAL SERVICE	17.00	145,021	90,043	0		1.00
	TOTALS		145,021	90,043			
P - RECLASS SAL & BEN TO RENAL DIALYSIS							
1.00	SOCIAL SERVICE	17.00	12,981	4,356	0		1.00
2.00	DIETETICS	90.06	17,643	5,919	0		2.00
	TOTALS		30,624	10,275			
Q - RECLASS CHHS SALARY TO OTHER EXP							
1.00	ADMINISTRATIVE & GENERAL	5.00	20,555,762	21,110,484	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
	TOTALS		20,555,762	21,110,484			
R - RECLASS AMBULATORY ADMINISTRATION							
1.00	CLINIC ADMINISTRATION	90.18	11,413	4,995	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
	TOTALS		11,413	4,995			
S - RECLASS SUPPLY EX CHARGED TO PTS							
1.00	ADULTS & PEDIATRICS	30.00	0	1,113,656	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	3,424,950	0		2.00
3.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	391,825	0		3.00
4.00	OPERATING ROOM	50.00	0	13,170,326	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	933,341	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	2,252,909	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	481,255	0		7.00
8.00	TRANSPORT	98.01	0	100,486	0		8.00
9.00	ENT CLINIC	90.10	0	22,872	0		9.00
10.00	ORTHOPEDIC CLINIC	90.11	0	111,123	0		10.00
11.00	ONCOLOGY CLINIC	90.13	0	248,883	0		11.00
12.00	EMERGENCY	91.00	0	934,709	0		12.00
	TOTALS		0	23,186,335			

RECLASSIFICATIONS

Provider CCN: 523300

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

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
T - RECLASS COST OF EPO TO DIALYSIS							
1.00	RENAL DIALYSIS	74.00	0	42,963	0		1.00
	TOTALS		0	42,963			
U - RECLASS BEHAV HEALTH/NEURO ADMIN							
1.00	CLINIC ADMINISTRATION	90.18	39,638	12,079	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
	TOTALS		39,638	12,079			
V - RECLASS CLIN TRIAL COST TO RESEARCH							
1.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	357	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,228	0		2.00
3.00	LABORATORY	60.00	0	22,459	0		3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	211	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	1,023	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	328	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	335	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	5,336	0		8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	843	0		9.00
10.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,506	0		10.00
11.00	GI CLINIC	90.04	0	1,644	0		11.00
12.00	INFUSION ROOM	90.07	0	2,321	0		12.00
13.00	CARDIOLOGY CLINIC	90.08	0	130	0		13.00
14.00	PULMONARY CLINIC	90.09	0	3,717	0		14.00
15.00	ENT CLINIC	90.10	0	783	0		15.00
16.00	ONCOLOGY CLINIC	90.13	0	1,761	0		16.00
17.00	DERMATOLOGY CLINIC	90.17	0	239	0		17.00
18.00	NEUROSCIENCES CLINIC	90.22	0	977	0		18.00
19.00	RHEUMATOLOGY CLINIC	90.23	0	969	0		19.00
20.00	RENAL CLINIC	90.25	0	102	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	6,804	0		21.00
22.00	CT SCAN	57.00	0	276	0		22.00
	TOTALS		0	69,349			
W - RECLASS RESEARCH GRANT EXPENSES							
1.00	CLINIC FOR SPECIAL NEEDS	90.05	15,234	10,470	0		1.00
2.00	SOCIAL SERVICE	17.00	191	58	0		2.00
3.00	CARDIOLOGY CLINIC	90.08	6,398	1,280	0		3.00
4.00	SPINA BIFIDA	90.21	2,572	1,577	0		4.00
5.00	PULMONARY CLINIC	90.09	27,480	8,666	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	170,021	0		6.00
7.00	OTHER SPECIAL CARE HOT UNIT	35.00	0	1,272	0		7.00
	TOTALS		51,875	193,344			
X - RECLASS KIDNEY COORDINATOR							
1.00	KIDNEY ACQUISITION	105.00	46,462	0	0		1.00
	TOTALS		46,462	0			
500.00	Grand Total: Decreases		21,272,450	106,441,193			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	10,318,959	6,449	0	6,449	2.00
3.00	Buildings and Fixtures	388,503,334	81,256	0	81,256	3.00
4.00	Building Improvements	79,233,256	36,703,497	0	36,703,497	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	142,748,097	10,021,626	0	10,021,626	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	620,803,646	46,812,828	0	46,812,828	8.00
9.00	Reconciling Items	10,518,358	34,863,172	0	34,863,172	9.00
10.00	Total (line 8 minus line 9)	610,285,288	11,949,656	0	11,949,656	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	19,901,353	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	15,956,369	0	0	0	2.00
3.00	Total (sum of lines 1-2)	35,857,722	0	0	0	3.00
Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
	1.00	2.00	3.00	4.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	511,388,747	0	511,388,747	0.821399	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	111,193,740	0	111,193,740	0.178601	2.00
3.00	Total (sum of lines 1-2)	622,582,487	0	622,582,487	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0		1.00		
2.00	Land Improvements	10,325,408	0		2.00		
3.00	Buildings and Fixtures	387,575,765	0		3.00		
4.00	Building Improvements	113,487,574	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	142,896,886	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	654,285,633	0		8.00		
9.00	Reconciling Items	31,703,146	0		9.00		
10.00	Total (line 8 minus line 9)	622,582,487	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	19,901,353		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,956,369		2.00		
3.00	Total (sum of lines 1-2)	0	35,857,722		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	16,098,293	-40,053	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,855,920	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	32,954,213	-40,053	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 523300

Period:
From 01/01/2011
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	8,743,397	249,922	0	0	25,051,559	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,957	71,275	0	0	16,952,152	2.00
3.00	Total (sum of lines 1-2)	8,768,354	321,197	0	0	42,003,711	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 523300

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

Worksheet A-8

Date/Time Prepared:
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Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
				1.00	2.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,231,566	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	A	-38,639	ADMINISTRATIVE & GENERAL	5.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)	A	-607,597	ADMINISTRATIVE & GENERAL	5.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-69,793	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)	B	-54,873	ADMINISTRATIVE & GENERAL	5.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-8,715,087		
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-213	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-1,270,011	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others	B	-5,442,134	CAP REL COSTS-BLDG & FIXT	1.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients	B	-1,904,473	PHARMACY	15.00 17.00
18.00	Sale of medical records and abstracts	B	-51,087	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-171,541	DIETARY	10.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant				0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00 33.00
33.01	DEDUCT REGIONAL SERVICES	A	-2,763	OUTREACH	194.03 33.01
33.02	ADDBACK SITE SELECTION COSTS	A	125,840	CAP REL COSTS-BLDG & FIXT	1.00 33.02
33.03	ADDBACK BUILDER'S RISK INSURANCE	A	1,161	CAP REL COSTS-BLDG & FIXT	1.00 33.03
33.04	1989 CAPITALIZED INTEREST	A	105,865	CAP REL COSTS-MVBLE EQUIP	2.00 33.04
33.05	INTEREST OFF-SET 1998 REVENUE BONDS	A	-675,030	CAP REL COSTS-BLDG & FIXT	1.00 33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	A	-5,468,797	ADMINISTRATIVE & GENERAL	5.00 33.06
33.07	ADDBACK LOSS ON 2004 REFUNDING	A	169,877	CAP REL COSTS-BLDG & FIXT	1.00 33.07
33.08	NUTRITIONAL SERVICE REVENUE	B	1,242,629	DIETARY	10.00 33.08
33.09	GIFT, FLOWER & COFFEE SHOP	B	-184,741	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00 33.09
33.10	INVESTIGATION STUDIES - MISC REVENUE	B	-400	PHARMACY	15.00 33.10
33.11	MISCELLANEOUS REVENUE	B	-377,847	ADMINISTRATIVE & GENERAL	5.00 33.11
33.12	MANAGEMENT FEE REVENUE	B	-40,053	CAP REL COSTS-BLDG & FIXT	1.00 33.12
33.13	CLINICAL ENGINEERING	B	-125,356	OPERATION OF PLANT	7.00 33.13
33.14	DELIVERY TEAM	B	-142,799	INTENSIVE CARE UNIT	31.00 33.14
33.15	LAB REVENUE	B	-167,018	LABORATORY	60.00 33.15
33.16	MISC REVENUE	B	-597,109	OPERATING ROOM	50.00 33.16
33.17	MISC REVENUE	B	-10,243	CHILD PROTECTION CENTER	98.05 33.17
33.18	MISC REVENUE	B	-136,494	NURSING ADMINISTRATION	13.00 33.18
33.19	MISC REVENUE	B	-12,573	EMERGENCY	91.00 33.19
33.20	MISC REVENUE - OUTREACH	B	-245,811	OUTREACH	194.03 33.20

ADJUSTMENTS TO EXPENSES

Provider CCN: 523300

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

Worksheet A-8

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.21 ALLERGY REVENUE	B	-291,294	ALLERGY CLINIC	90.15	33.21
33.22 MISC REVENUE - EKG	B	-127,445	ELECTROCARDIOLOGY	69.00	33.22
33.23 MISC REVENUE - RESEARCH	B	-780	RESEARCH	191.00	33.23
33.24 HEART TRANSPLANT - REVENUE	B	-58,810	HEART ACQUISITION	106.00	33.24
33.25 POISON CENTER	B	-12,275	POISON CENTER	194.01	33.25
33.26 NORTH SHORE CLINIC	B	-22,930	NORTH SHORE CLINIC	194.07	33.26
33.27 RADIOLOGY	B	-328,972	RADIOLOGY-DIAGNOSTIC	54.00	33.27
33.28 GENETIC CENTER	B	-5,700	GENETICS CENTER	98.02	33.28
33.29 RESPIRATORY THERAPY REV	B	-47,583	RESPIRATORY THERAPY	65.00	33.29
33.30 PSYCH REVENUE	B	-18,551	PSYCHIATRY - OFFICE BLDG	98.00	33.30
33.31 FAMILY SERVICES REVENUE	B	-11,891	SOCIAL SERVICE	17.00	33.31
33.32 DIETETICS	B	-45,947	DIETETICS	90.06	33.32
33.33 ONCOLOGY	B	-134,144	OTHER SPECIAL CARE HOT UNIT	35.00	33.33
33.34 ANESTHESIOLOGY	B	-30,538	ANESTHESIOLOGY	53.00	33.34
33.35 OUTSIDE SALARY SUPPORT	B	-19,322	PULMONARY CLINIC	90.09	33.35
33.36 ORTHOPEDIC CLINIC	B	-47,491	EYE CLINIC	90.12	33.36
33.37 RENAL - OUTSIDE SALARY SUPPORT	B	-97,575	RENAL CLINIC	90.25	33.37
33.38 SURGERY REBATES	B	-153,392	OPERATING ROOM	50.00	33.38
33.39 TRANSPORT	B	-218	TRANSPORT	98.01	33.39
33.40 PAIN CLINIC	B	-40,444	PAIN/PALLIATIVE CARE	90.02	33.40
33.41 SOCIAL WORKERS MISC REVENUE	B	-81	SOCIAL SERVICE	17.00	33.41
33.42 RESEARCH COSTS	A	-69,349	RESEARCH	191.00	33.42
33.43 1989 AHA ADJUSTMENT	A	-395,633	CAP REL COSTS-BLDG & FIXT	1.00	33.43
33.44 AHA GUIDELINES 1990	A	23,603	CAP REL COSTS-BLDG & FIXT	1.00	33.44
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,035,438			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 523300

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

Worksheet A-8
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	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	9	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33.01	DEDUCT REGIONAL SERVICES	0	33.01
33.02	ADDBACK SITE SELECTION COSTS	9	33.02
33.03	ADDBACK BUILDER'S RISK INSURANCE	9	33.03
33.04	1989 CAPITALIZED INTEREST	9	33.04
33.05	INTEREST OFF-SET 1998 REVENUE BONDS	11	33.05
33.06	DEDUCT PRESIDENT ADMINISTRATION	0	33.06
33.07	ADDBACK LOSS ON 2004 REFUNDING	11	33.07
33.08	NUTRITIONAL SERVICE REVENUE	0	33.08
33.09	GIFT, FLOWER & COFFEE SHOP	0	33.09
33.10	INVESTIGATION STUDIES - MISC REVENUE	0	33.10
33.11	MISCELLANEOUS REVENUE	0	33.11
33.12	MANAGEMENT FEE REVENUE	10	33.12
33.13	CLINICAL ENGINEERING	0	33.13
33.14	DELIVERY TEAM	0	33.14
33.15	LAB REVENUE	0	33.15
33.16	MISC REVENUE	0	33.16
33.17	MISC REVENUE	0	33.17
33.18	MISC REVENUE	0	33.18
33.19	MISC REVENUE	0	33.19
33.20	MISC REVENUE - OUTREACH	0	33.20
33.21	ALLERGY REVENUE	0	33.21
33.22	MISC REVENUE - EKG	0	33.22
33.23	MISC REVENUE - RESEARCH	0	33.23
33.24	HEART TRANSPLANT - REVENUE	0	33.24
33.25	POISON CENTER	0	33.25
33.26	NORTH SHORE CLINIC	0	33.26
33.27	RADIOLOGY	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 523300

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

Worksheet A-8

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	GENETIC CENTER	0	33.28
33.29	RESPIRATORY THERAPY REV	0	33.29
33.30	PSYCH REVENUE	0	33.30
33.31	FAMILY SERVICES REVENUE	0	33.31
33.32	DIETETICS	0	33.32
33.33	ONCOLOGY	0	33.33
33.34	ANESTHESIOLOGY	0	33.34
33.35	OUTSIDE SALARY SUPPORT	0	33.35
33.36	ORTHOPEDIC CLINIC	0	33.36
33.37	RENAL - OUTSIDE SALARY SUPPORT	0	33.37
33.38	SURGERY REBATES	0	33.38
33.39	TRANSPORT	0	33.39
33.40	PAIN CLINIC	0	33.40
33.41	SOCIAL WORKERS MISC REVENUE	0	33.41
33.42	RESEARCH COSTS	0	33.42
33.43	1989 AHA ADJUSTMENT	9	33.43
33.44	AHA GUIDELINES 1990	9	33.44
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: 523300

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

Worksheet A-8-1

Date/Time Prepared:
7/2/2012 2:04 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES	1.00
2.00	69.00	ELECTROCARDIOLOGY	PURCHASED SERVICES	2.00
3.00	98.05	CHILD PROTECTION CENTER	PURCHASED SERVICES	3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	G	SEEGER HEALTH R	0.00	6.00
7.00	G	CHILD HEALTH S	0.00	7.00
8.00	G	CHILD SER SCTY	0.00	8.00
9.00	G	CHILD HEALTH S	0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

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

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

Provider CCN: 523300

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

Worksheet A-8-1

Date/Time Prepared: 7/2/2012 2:04 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.							
							4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:											
1.00	50,763,489	50,763,489	0	0		1.00					
2.00	8,426	8,426	0	0		2.00					
3.00	188,199	188,199	0	0		3.00					
4.00	0	0	0	0		4.00					
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					50,960,114	50,960,114	0	0		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

(1) Use the following symbols to indicate interrelationship to related organizations:

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared:
7/2/2012 2:04 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15,921,466	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	254,834	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	697,017	0	3.00
4.00	35.00	OTHER SPECIAL CARE HOT UNIT	264,932	0	4.00
5.00	50.00	OPERATING ROOM	1,033,892	0	5.00
6.00	53.00	ANESTHESIOLOGY	237,787	0	6.00
7.00	60.00	LABORATORY	336,960	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	633,792	0	8.00
9.00	65.00	RESPIRATORY THERAPY	59,699	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	219,794	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	46,322	0	11.00
12.00	74.00	RENAL DIALYSIS	29,981	0	12.00
13.00	98.00	PSYCHIATRY - OFFICE BLDG	231,116	0	13.00
14.00	98.02	GENETICS CENTER	60,243	0	14.00
15.00	98.04	CHILD DEVELOPMENT	52,930	0	15.00
16.00	98.05	CHILD PROTECTION CENTER	90,323	0	16.00
17.00	90.01	ID PRIM CARE SUPP NETWORK	86,609	0	17.00
18.00	90.04	GI CLINIC	297,543	0	18.00
19.00	90.10	ENT CLINIC	121,858	0	19.00
20.00	90.12	EYE CLINIC	23,059	0	20.00
21.00	90.15	ALLERGY CLINIC	245,918	0	21.00
22.00	90.17	DERMATOLOGY CLINIC	103,588	0	22.00
23.00	90.21	SPI NA BI FI DA	48,576	0	23.00
24.00	90.22	NEUROSCIENCES CLINIC	46,322	0	24.00
25.00	90.23	RHEUMATOLOGY CLINIC	78,317	0	25.00
26.00	90.24	ENDOCRINE CLINIC	121,169	0	26.00
27.00	91.00	EMERGENCY	142,292	0	27.00
28.00	90.02	PAIN/PALLIATIVE CARE	147,022	0	28.00
200.00			21,633,361	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared:
7/2/2012 2:04 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	15,921,466	140,600	134,682	9,103,985	455,199	1.00
2.00	254,834	140,600	1,882	127,216	6,361	2.00
3.00	697,017	140,600	5,148	347,985	17,399	3.00
4.00	264,932	140,600	1,957	132,286	6,614	4.00
5.00	1,033,892	208,000	10,146	1,014,600	50,730	5.00
6.00	237,787	203,000	7,845	765,642	38,282	6.00
7.00	336,960	215,700	5,135	532,509	26,625	7.00
8.00	633,792	225,300	2,507	271,551	13,578	8.00
9.00	59,699	140,600	441	29,810	1,491	9.00
10.00	219,794	140,600	1,623	109,708	5,485	10.00
11.00	46,322	140,600	2,293	154,998	7,750	11.00
12.00	29,981	140,600	221	14,939	747	12.00
13.00	231,116	154,100	1,911	141,579	7,079	13.00
14.00	60,243	140,600	445	30,080	1,504	14.00
15.00	52,930	140,600	391	26,430	1,322	15.00
16.00	90,323	140,600	667	45,087	2,254	16.00
17.00	86,609	140,600	640	43,261	2,163	17.00
18.00	297,543	140,600	2,197	148,509	7,425	18.00
19.00	121,858	140,600	1,855	125,391	6,270	19.00
20.00	23,059	140,600	800	54,077	2,704	20.00
21.00	245,918	140,600	1,816	122,755	6,138	21.00
22.00	103,588	140,600	3,678	248,619	12,431	22.00
23.00	48,576	140,600	1,140	77,060	3,853	23.00
24.00	46,322	140,600	2,293	154,998	7,750	24.00
25.00	78,317	140,600	578	39,071	1,954	25.00
26.00	121,169	140,600	895	60,498	3,025	26.00
27.00	142,292	140,600	1,051	71,043	3,552	27.00
28.00	147,022	140,600	1,086	73,409	3,670	28.00
200.00	21,633,361		195,323	14,067,096	703,355	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared:
7/2/2012 2:04 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	9,103,985	1.00
2.00	0	0	0	0	127,216	2.00
3.00	0	0	0	0	347,985	3.00
4.00	0	0	0	0	132,286	4.00
5.00	0	0	0	0	1,014,600	5.00
6.00	0	0	0	0	765,642	6.00
7.00	0	0	0	0	532,509	7.00
8.00	0	0	0	0	271,551	8.00
9.00	0	0	0	0	29,810	9.00
10.00	0	0	0	0	109,708	10.00
11.00	0	0	0	0	154,998	11.00
12.00	0	0	0	0	14,939	12.00
13.00	0	0	0	0	141,579	13.00
14.00	0	0	0	0	30,080	14.00
15.00	0	0	0	0	26,430	15.00
16.00	0	0	0	0	45,087	16.00
17.00	0	0	0	0	43,261	17.00
18.00	0	0	0	0	148,509	18.00
19.00	0	0	0	0	125,391	19.00
20.00	0	0	0	0	54,077	20.00
21.00	0	0	0	0	122,755	21.00
22.00	0	0	0	0	248,619	22.00
23.00	0	0	0	0	77,060	23.00
24.00	0	0	0	0	154,998	24.00
25.00	0	0	0	0	39,071	25.00
26.00	0	0	0	0	60,498	26.00
27.00	0	0	0	0	71,043	27.00
28.00	0	0	0	0	73,409	28.00
200.00	0	0	0	0	14,067,096	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 523300

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

Worksheet A-8-2

Date/Time Prepared:
7/2/2012 2:04 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	6,817,481	6,817,481	1.00
2.00	127,618	127,618	2.00
3.00	349,032	349,032	3.00
4.00	132,646	132,646	4.00
5.00	19,292	19,292	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	362,241	362,241	8.00
9.00	29,889	29,889	9.00
10.00	110,086	110,086	10.00
11.00	0	0	11.00
12.00	15,042	15,042	12.00
13.00	89,537	89,537	13.00
14.00	30,163	30,163	14.00
15.00	26,500	26,500	15.00
16.00	45,236	45,236	16.00
17.00	43,348	43,348	17.00
18.00	149,034	149,034	18.00
19.00	0	0	19.00
20.00	0	0	20.00
21.00	123,163	123,163	21.00
22.00	0	0	22.00
23.00	0	0	23.00
24.00	0	0	24.00
25.00	39,246	39,246	25.00
26.00	60,671	60,671	26.00
27.00	71,249	71,249	27.00
28.00	73,613	73,613	28.00
200.00	8,715,087	8,715,087	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation Col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	25,051,559	25,051,559				1.00
2.00 CAP REL COSTS-MVBLE EQUIP	16,952,152		16,952,152			2.00
4.00 EMPLOYEE BENEFITS	4,555,418	183,714	1,194	4,740,326		4.00
5.00 ADMINISTRATIVE & GENERAL	79,140,685	2,464,453	5,002,775	703,500	87,311,413	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	13,857,191	817,132	368,883	75,329	15,118,535	7.00
8.00 LAUNDRY & LINEN SERVICE	1,029,278	0	5,309	0	1,034,587	8.00
9.00 HOUSEKEEPING	5,609,220	182,096	147,305	86,182	6,024,803	9.00
10.00 DIETARY	5,094,705	29,028	926	42,591	5,167,250	10.00
11.00 CAFETERIA	13,748	664,315	44,696	7,198	729,957	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	6,723,544	74,598	39,615	142,495	6,980,252	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,499,327	0	0	0	6,499,327	14.00
15.00 PHARMACY	8,803,601	0	0	0	8,803,601	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,858,396	228,236	7,320	69,036	5,162,988	16.00
17.00 SOCIAL SERVICE	2,272,366	186,585	15,144	41,198	2,515,293	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	15,960,961	29,689	764	9,173	16,000,587	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,803,601	684	0	0	4,804,285	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,932,102	4,829,467	784,798	429,244	27,975,611	30.00
31.00 INTENSIVE CARE UNIT	32,108,547	2,530,620	1,262,104	764,607	36,665,878	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	-357	0	0	0	-357	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	8,089,104	632,120	65,363	104,340	8,890,927	35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,329,846	1,492,407	1,129,231	236,993	4,188,477	50.00
51.00 RECOVERY ROOM	2,212,416	135,205	51,205	47,390	2,446,216	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	821,688	43,815	297,443	8,842	1,171,788	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,352,005	1,533,374	2,395,059	169,161	15,449,599	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	945,949	0	0	14,379	960,328	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,651,567	0	214,267	15,920	1,881,754	58.00
59.00 CARDIAC CATHETERIZATION	1,940,468	0	264,528	0	2,204,996	59.00
60.00 LABORATORY	19,271,147	913,034	507,924	163,122	20,855,227	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	6,567,039	0	116,431	0	6,683,470	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	6,199,403	206,020	275,337	138,283	6,819,043	65.00
66.00 PHYSICAL THERAPY	2,616,253	522,114	190,897	57,569	3,386,833	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	2,649,140	275,446	62,814	59,324	3,046,724	68.00
69.00 ELECTROCARDIOLOGY	4,696,720	312,631	644,846	78,544	5,732,741	69.00
70.00 ELECTROENCEPHALOGRAPHY	927,192	61,314	120,851	17,678	1,127,035	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,729,158	315,570	855,398	101,431	27,001,557	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	10,312,000	0	0	0	10,312,000	72.00
73.00 DRUGS CHARGED TO PATIENTS	18,909,237	278,681	227,942	202,349	19,618,209	73.00
74.00 RENAL DIALYSIS	511,983	57,122	30,614	8,122	607,841	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.01 ID PRIM CARE SUPP NETWORK	544,168	152,066	4,535	10,923	711,692	90.01
90.02 PAIN/PALLIATIVE CARE	694,664	188,453	6,686	14,591	904,394	90.02
90.03 DIABETIC CLINIC	700,121	150,403	22,199	14,747	887,470	90.03
90.04 GI CLINIC	1,919,700	408,874	80,638	38,881	2,448,093	90.04
90.05 CLINIC FOR SPECIAL NEEDS	731,902	92,438	24,216	10,280	858,836	90.05
90.06 DIETETICS	1,685,071	0	0	32,849	1,717,920	90.06
90.07 INFUSION ROOM	311,807	41,013	5,059	6,979	364,858	90.07
90.08 CARDIOLOGY CLINIC	1,172,062	37,527	22,495	22,900	1,254,984	90.08
90.09 PULMONARY CLINIC	473,612	43,587	13,278	10,900	541,377	90.09
90.10 ENT CLINIC	784,170	79,975	37,839	14,890	916,874	90.10
90.11 ORTHOPEDIC CLINIC	745,117	279,069	29,990	16,745	1,070,921	90.11
90.12 EYE CLINIC	217,007	36,706	14,175	5,026	272,914	90.12
90.13 ONCOLOGY CLINIC	1,547,284	300,259	53,493	34,713	1,935,749	90.13
90.14 SURGICAL SPECIALTIES	1,128,053	83,096	40,527	23,834	1,275,510	90.14
90.15 ALLERGY CLINIC	1,028,795	252,798	55,942	23,010	1,360,545	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	793,485	69,243	24,027	13,818	900,573	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	169,411	52,405	542	3,557	225,915	90.19
90.20 HEMATOLOGY CLINIC	389,335	86,355	0	8,712	484,402	90.20
90.21 SPINA BIFIDA	275,354	64,094	0	5,224	344,672	90.21
90.22 NEUROSCIENCES CLINIC	1,283,480	55,185	38,412	27,599	1,404,676	90.22
90.23 RHEUMATOLOGY CLINIC	298,204	90,365	1,958	5,722	396,249	90.23
90.24 ENDOCRINE CLINIC	283,449	82,003	0	5,004	370,456	90.24
90.25 RENAL CLINIC	185,192	21,122	2,170	6,377	214,861	90.25
90.26 GREENWAY CLINIC	741,775	0	341,186	11,941	1,094,902	90.26
90.27 NEW BERLIN CLINIC	4,145,197	620,887	349,235	32,577	5,147,896	90.27
91.00 EMERGENCY	6,959,680	433,527	116,347	151,448	7,661,002	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	189,364	16,041	0	512	205,917	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	2,144,478	186,881	20,247	44,669	2,396,275	98.00
98.01 TRANSPORT	5,106,007	0	113,060	59,664	5,278,731	98.01
98.02 GENETICS CENTER	1,046,854	239,788	13,452	19,194	1,319,288	98.02
98.03 NUCLEAR MEDICINE	692,454	34,177	36,630	6,210	769,471	98.03
98.04 CHILD DEVELOPMENT	466,663	74,734	16,770	2,535	560,702	98.04
98.05 CHILD PROTECTION CENTER	1,713,124	26,749	4,541	27,280	1,771,694	98.05
98.06 DENTAL SRVC	3,087,183	195,927	105,240	62,396	3,450,746	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	676,175	0	0	5,183	681,358	105.00
106.00 HEART ACQUISITION	950,478	7,906	0	4,381	962,765	106.00
107.00 LIVER ACQUISITION	149,568	0	0	0	149,568	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	427,428,802	23,503,123	16,725,872	4,579,271	425,493,031	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,028	0	0	38,028	190.00
191.00 RESEARCH	3,587,234	263,689	3,161	47,519	3,901,603	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	348,464	0	56,615	0	405,079	194.00
194.01 POISON CENTER	1,762,030	69,722	14,138	37,785	1,883,675	194.01
194.02 PUBLIC RELATIONS	1,883,555	755,181	1,668	30,642	2,671,046	194.02
194.03 OUTREACH	1,557,788	277,702	0	19,368	1,854,858	194.03
194.04 OTHER OFFSITE CLINICS	2,317,537	83,871	128,367	10,181	2,539,956	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.05 CHILDREN'S SPECIALTY GROUP	325,733	0	1,930	7,350	335,013	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	-239	0	4,821	399	4,981	194.07
194.08 ADOLESCENT MEDICINE	191,208	60,243	15,580	7,811	274,842	194.08
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)	439,402,112	25,051,559	16,952,152	4,740,326	439,402,112	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	87,311,413					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	3,749,094	0	18,867,629			7.00
8.00	LAUNDRY & LINEN SERVICE	256,557	0	0	1,291,144		8.00
9.00	HOUSEKEEPING	1,494,031	0	159,163	71,440	7,749,437	9.00
10.00	DIETARY	1,281,375	0	25,372	0	10,510	10.00
11.00	CAFETERIA	181,015	0	580,649	100	240,517	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,730,963	0	65,203	0	27,008	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,611,703	0	0	0	0	14.00
15.00	PHARMACY	2,183,117	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,280,318	0	199,491	0	82,633	16.00
17.00	SOCIAL SERVICE	623,742	0	163,086	0	67,554	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	3,967,826	0	25,950	4,129	10,749	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,191,367	0	597	0	247	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,937,392	0	4,221,236	377,681	1,748,523	30.00
31.00	INTENSIVE CARE UNIT	9,092,277	0	2,211,907	135,300	916,218	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	2,204,772	0	552,509	67,368	228,861	35.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,038,659	0	1,304,449	213,823	540,330	50.00
51.00	RECOVERY ROOM	606,613	0	118,177	21,516	48,951	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	290,580	0	38,297	0	15,863	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,831,192	0	1,340,257	44,144	555,162	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	238,142	0	0	10,791	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	466,637	0	0	13,563	0	58.00
59.00	CARDIAC CATHETERIZATION	546,795	0	0	0	0	59.00
60.00	LABORATORY	5,171,679	0	798,044	80	330,566	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	1,657,367	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,690,986	0	180,074	6,233	74,590	65.00
66.00	PHYSICAL THERAPY	839,867	0	456,358	4,637	189,033	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	755,527	0	240,755	10	99,726	68.00
69.00	ELECTROCARDIOLOGY	1,421,605	0	273,257	9,090	113,189	69.00
70.00	ELECTROENCEPHALOGRAPHY	279,482	0	53,592	11,381	22,199	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,695,846	0	275,826	65,394	114,253	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,557,170	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,864,923	0	243,583	40	100,897	73.00
74.00	RENAL DIALYSIS	150,732	0	49,928	1,885	20,681	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	176,485	0	132,914	0	55,056	90.01
90.02	PAIN/PALLIATIVE CARE	224,272	0	164,719	4,902	68,230	90.02
90.03	DIABETIC CLINIC	220,075	0	131,461	30	54,454	90.03
90.04	GI CLINIC	607,078	0	357,379	249	148,034	90.04
90.05	CLINIC FOR SPECIAL NEEDS	212,974	0	80,796	0	33,467	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center	Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
90.06	DIETETICS	426,010	0	0	0	0	90.06
90.07	INFUSION ROOM	90,477	0	35,847	3,191	14,849	90.07
90.08	CARDIOLOGY CLINIC	311,211	0	32,800	4,804	13,587	90.08
90.09	PULMONARY CLINIC	134,251	0	38,098	3,291	15,781	90.09
90.10	ENT CLINIC	227,366	0	69,903	1,097	28,955	90.10
90.11	ORTHOPEDIC CLINIC	265,567	0	243,922	8,018	101,038	90.11
90.12	EYE CLINIC	67,677	0	32,083	0	13,290	90.12
90.13	ONCOLOGY CLINIC	480,027	0	262,443	8,228	108,709	90.13
90.14	SURGICAL SPECIALTIES	316,301	0	72,631	638	30,085	90.14
90.15	ALLERGY CLINIC	337,388	0	220,960	708	91,526	90.15
90.16	LASER CLINIC	0	0	0	0	0	90.16
90.17	DERMATOLOGY CLINIC	223,324	0	60,522	1,247	25,070	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	CRANIOFACIAL CENTER	56,022	0	45,805	0	18,973	90.19
90.20	HEMATOLOGY CLINIC	120,122	0	75,479	1,197	31,265	90.20
90.21	SPINA BIFIDA	85,472	0	56,022	0	23,205	90.21
90.22	NEUROSCIENCES CLINIC	348,332	0	48,235	0	19,980	90.22
90.23	RHEUMATOLOGY CLINIC	98,262	0	78,984	0	32,717	90.23
90.24	ENDOCRINE CLINIC	91,866	0	71,675	0	29,689	90.24
90.25	RENAL CLINIC	53,281	0	18,461	0	7,647	90.25
90.26	GREENWAY CLINIC	271,514	0	0	2,389	0	90.26
90.27	NEW BERLIN CLINIC	1,276,575	0	542,691	36,890	224,794	90.27
91.00	EMERGENCY	1,899,775	0	378,927	141,408	156,960	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	51,063	0	14,020	0	5,808	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	594,228	0	163,345	0	67,661	98.00
98.01	TRANSPORT	1,309,020	0	0	0	0	98.01
98.02	GENETICS CENTER	327,157	0	209,588	3,231	86,816	98.02
98.03	NUCLEAR MEDICINE	190,813	0	29,873	0	12,374	98.03
98.04	CHILD DEVELOPMENT	139,043	0	65,322	0	27,058	98.04
98.05	CHILD PROTECTION CENTER	439,345	0	23,381	1,217	9,685	98.05
98.06	DENTAL SRVC	855,716	0	171,251	9,804	70,936	98.06
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	168,963	0	0	0	0	105.00
106.00	HEART ACQUISITION	238,746	0	6,911	0	2,863	106.00
107.00	LIVER ACQUISITION	37,090	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,862,239	0	17,514,208	1,291,144	7,188,822	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,430	0	33,239	0	13,768	190.00
191.00	RESEARCH	967,520	0	230,479	0	95,469	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	100,451	0	0	0	0	194.00
194.01	POISON CENTER	467,114	0	60,941	0	25,243	194.01
194.02	PUBLIC RELATIONS	662,366	0	660,071	0	273,415	194.02
194.03	OUTREACH	459,968	0	242,727	0	100,543	194.03
194.04	OTHER OFFSITE CLINICS	629,858	0	73,308	0	30,366	194.04
194.05	CHILDREN'S SPECIALTY GROUP	83,077	0	0	0	0	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	NORTH SHORE CLINIC	1,235	0	0	0	21,811	194.07
194.08	ADOLESCENT MEDICINE	68,155	0	52,656	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	87,311,413	0	18,867,629	1,291,144	7,749,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	6,484,507					10.00
11.00 CAFETERIA	0	1,732,238				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	51,979	0	8,855,405		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	370,270	8,481,300	14.00
15.00 PHARMACY	0	0	0	316,379	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	45,364	0	224,626	705	16.00
17.00 SOCIAL SERVICE	0	24,438	0	132,625	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	88,431	0	0	162	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,992,526	200,326	0	991,945	11,851	30.00
31.00 INTENSIVE CARE UNIT	510,975	313,359	0	1,551,612	9,844	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	704,805	48,226	0	238,799	3,026	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	881	98,033	0	485,425	54,381	50.00
51.00 RECOVERY ROOM	0	19,062	0	94,391	563	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	4,934	0	24,432	1,259	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,763	50,356	0	349,587	2,434	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	26,609	0	27,151	29	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	5,483	0	31,560	5,645	58.00
59.00 CARDIAC CATHETERIZATION	0	5,583	0	27,646	427	59.00
60.00 LABORATORY	1,763	81,908	0	405,578	10,921	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	62,321	0	308,592	1,972	65.00
66.00 PHYSICAL THERAPY	0	24,679	0	0	398	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	80	24,512	0	120,223	231	68.00
69.00 ELECTROCARDIOLOGY	0	15,851	0	91,836	144	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	9,868	0	46,927	245	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,777	0	370,270	8,268,158	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	63,894	0	316,379	18,848	73.00
74.00 RENAL DIALYSIS	0	3,178	0	14,503	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	14,008	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	0	3,686	0	17,963	0	90.01
90.02 PAIN/PALLIATIVE CARE	0	5,808	0	28,758	341	90.02
90.03 DIABETIC CLINIC	21,955	7,097	0	0	352	90.03
90.04 GI CLINIC	0	17,240	0	84,585	124	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
90.05	CLINIC FOR SPECIAL NEEDS	0	6,290	0	31,518	286	90.05
90.06	DIETETICS	0	21,242	0	105,844	0	90.06
90.07	INFUSION ROOM	145,993	3,511	0	17,387	0	90.07
90.08	CARDIOLOGY CLINIC	0	11,150	0	55,209	162	90.08
90.09	PULMONARY CLINIC	0	4,343	0	22,660	280	90.09
90.10	ENT CLINIC	0	6,815	0	29,294	29	90.10
90.11	ORTHOPEDIC CLINIC	0	9,153	0	55,209	347	90.11
90.12	EYE CLINIC	0	2,854	0	44,579	12	90.12
90.13	ONCOLOGY CLINIC	93,189	17,240	0	85,368	2,056	90.13
90.14	SURGICAL SPECIALTIES	0	13,521	0	51,748	705	90.14
90.15	ALLERGY CLINIC	0	11,898	0	57,969	9	90.15
90.16	LASER CLINIC	0	0	0	0	0	90.16
90.17	DERMATOLOGY CLINIC	0	8,187	0	39,923	318	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	CRANIOFACIAL CENTER	0	1,265	0	0	0	90.19
90.20	HEMATOLOGY CLINIC	0	3,245	0	0	0	90.20
90.21	SPINA BIFIDA	0	1,922	0	31,642	0	90.21
90.22	NEUROSCIENCES CLINIC	881	12,905	0	63,408	12	90.22
90.23	RHEUMATOLOGY CLINIC	0	3,095	0	15,079	116	90.23
90.24	ENDOCRINE CLINIC	0	2,554	0	12,443	0	90.24
90.25	RENAL CLINIC	0	2,854	0	0	0	90.25
90.26	GREENWAY CLINIC	0	0	0	36,916	647	90.26
90.27	NEW BERLIN CLINIC	3,526	64,626	0	371,918	1,161	90.27
91.00	EMERGENCY	0	0	0	320,005	11,632	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	491	0	824	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	6,170	17,041	0	83,761	292	98.00
98.01	TRANSPORT	0	21,009	0	104,031	936	98.01
98.02	GENETICS CENTER	0	9,510	0	46,351	219	98.02
98.03	NUCLEAR MEDICINE	0	1,980	0	0	17	98.03
98.04	CHILD DEVELOPMENT	0	1,847	0	65,138	0	98.04
98.05	CHILD PROTECTION CENTER	0	12,181	0	59,741	335	98.05
98.06	DENTAL SRVC	0	20,552	0	152,895	16,183	98.06
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	2,047	0	10,177	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,484,507	1,672,330	0	8,657,107	8,427,814	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	36,249	190.00
191.00	RESEARCH	0	11,965	0	117,504	2,908	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	0	0	0	0	243	194.00
194.01	POISON CENTER	0	11,824	0	58,546	0	194.01
194.02	PUBLIC RELATIONS	0	12,706	0	0	0	194.02
194.03	OUTREACH	0	17,265	0	13,308	0	194.03
194.04	OTHER OFFSITE CLINICS	0	632	0	1,895	52	194.04
194.05	CHILDREN'S SPECIALTY GROUP	0	4,085	0	0	1,539	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08	ADOLESCENT MEDICINE	0	1,431	0	7,045	12,495	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,484,507	1,732,238	0	8,855,405	8,481,300	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	11,303,097					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	6,996,125				16.00
17.00 SOCIAL SERVICE	0	0	3,526,738			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,806	742,975	1,280,793	0	0	30.00
31.00 INTENSIVE CARE UNIT	995	1,047,372	377,591	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	468	222,214	86,287	0	0	35.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,507	280,992	4,956	0	0	50.00
51.00 RECOVERY ROOM	47	88,925	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	80,522	50,559	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14,074	284,221	11,490	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	3,815	76,894	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	15,833	147,625	9,688	0	0	58.00
59.00 CARDIAC CATHETERIZATION	671	49,317	0	0	0	59.00
60.00 LABORATORY	3,163	854,070	5,632	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	127,686	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	496	275,501	1,802	0	0	65.00
66.00 PHYSICAL THERAPY	18	88,570	117,828	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	50,476	12,166	0	0	68.00
69.00 ELECTROCARDIOLOGY	448	59,290	19,375	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	166	44,601	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	996,251	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,035,703	896,539	0	0	0	73.00
74.00 RENAL DIALYSIS	120	17,369	46,861	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	0	244	13,292	0	0	90.01
90.02 PAIN/PALLIATIVE CARE	28	1,800	3,605	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
90.03 DIABETIC CLINIC	307	11,206	103,410	0	0	90.03
90.04 GI CLINIC	503	19,279	0	0	0	90.04
90.05 CLINIC FOR SPECIAL NEEDS	53	2,805	115,125	0	0	90.05
90.06 DIETETICS	0	5,426	0	0	0	90.06
90.07 INFUSION ROOM	0	23,547	0	0	0	90.07
90.08 CARDIOLOGY CLINIC	155	15,593	184,064	0	0	90.08
90.09 PULMONARY CLINIC	2,499	4,914	119,856	0	0	90.09
90.10 ENT CLINIC	4,303	11,238	19,600	0	0	90.10
90.11 ORTHOPEDIC CLINIC	227	16,117	0	0	0	90.11
90.12 EYE CLINIC	2,831	5,262	14,644	0	0	90.12
90.13 ONCOLOGY CLINIC	0	32,540	52,719	0	0	90.13
90.14 SURGICAL SPECIALTIES	2,069	13,107	11,941	0	0	90.14
90.15 ALLERGY CLINIC	15,702	13,894	29,964	0	0	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	21,594	10,263	27,486	0	0	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	134	3,148	6,533	0	0	90.19
90.20 HEMATOLOGY CLINIC	0	3,688	5,182	0	0	90.20
90.21 SPINA BIFIDA	0	1,768	0	0	0	90.21
90.22 NEUROSCIENCES CLINIC	59	7,003	115,350	0	0	90.22
90.23 RHEUMATOLOGY CLINIC	967	3,014	25,683	0	0	90.23
90.24 ENDOCRINE CLINIC	0	3,656	6,308	0	0	90.24
90.25 RENAL CLINIC	0	2,379	18,023	0	0	90.25
90.26 GREENWAY CLINIC	279	16,064	0	0	0	90.26
90.27 NEW BERLIN CLINIC	36,402	43,280	0	0	0	90.27
91.00 EMERGENCY	6,440	137,722	534,170	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	2,418	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	20,631	10,363	0	0	98.00
98.01 TRANSPORT	0	54,687	0	0	0	98.01
98.02 GENETICS CENTER	131	5,191	33,569	0	0	98.02
98.03 NUCLEAR MEDICINE	171	16,304	0	0	0	98.03
98.04 CHILD DEVELOPMENT	0	3,932	9,237	0	0	98.04
98.05 CHILD PROTECTION CENTER	37,437	10,129	451	0	0	98.05
98.06 DENTAL SRVC	542	42,990	3,605	0	0	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	289	7,939	60,153	0	0	105.00
106.00 HEART ACQUISITION	0	12,674	0	0	0	106.00
107.00 LIVER ACQUISITION	0	1,523	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,297,974	6,988,822	3,498,802	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	210	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01 POISON CENTER	0	0	0	0	0	194.01
194.02 PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03 OUTREACH	273	0	0	0	0	194.03
194.04 OTHER OFFSITE CLINICS	1,802	5,292	0	0	0	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08 ADOLESCENT MEDICINE	3,048	1,801	27,936	0	0	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
				18.00		
	15.00	16.00	17.00	18.00	19.00	
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	11,303,097	6,996,125	3,526,738	0		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 CAP REL COSTS-BLDG & FIXT							1.00
2.00 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.00 ADMINISTRATIVE & GENERAL							5.00
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	20,097,834					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	5,996,496				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	0	5,225,944	1,559,239	0	56,269,848		30.00
31.00 INTENSIVE CARE UNIT	0	2,606,391	777,657	0	56,217,376		31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	-357		34.00
35.00 OTHER SPECIAL CARE HOT UNIT	0	786,923	234,791	0	14,269,976		35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	1,873,608	559,020	0	10,647,541		50.00
51.00 RECOVERY ROOM	0	0	0	0	3,444,461		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	1,131,601	337,631	0	3,147,466		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	260,995	77,872	0	22,273,146		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0	0		56.00
57.00 CT SCAN	0	0	0	0	1,343,759		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,577,788		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	2,835,435		59.00
60.00 LABORATORY	0	109,192	32,579	0	28,660,402		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	8,468,523		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	9,421,610		65.00
66.00 PHYSICAL THERAPY	0	132,731	39,602	0	5,280,554		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	4,350,430		68.00
69.00 ELECTROCARDIOLOGY	0	493,166	147,144	0	8,377,136		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	301,251	89,883	0	1,986,630		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,862,332		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,869,170		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	37,159,015		73.00
74.00 RENAL DIALYSIS	0	0	0	0	913,098		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0	14,008		90.00
90.01 ID PRIM CARE SUPP NETWORK	0	9,079	2,709	0	1,123,120		90.01
90.02 PAIN/PALLIATIVE CARE	0	0	0	0	1,406,857		90.02
90.03 DIABETIC CLINIC	0	0	0	0	1,437,817		90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
90.04 GI CLINIC	0	688,203	205,336	0	4,576,103	90.04
90.05 CLINIC FOR SPECIAL NEEDS	0	0	0	0	1,342,150	90.05
90.06 DIETETICS	0	0	0	0	2,276,442	90.06
90.07 INFUSION ROOM	0	0	0	0	699,660	90.07
90.08 CARDIOLOGY CLINIC	0	246,055	73,414	0	2,203,188	90.08
90.09 PULMONARY CLINIC	0	166,310	49,621	0	1,103,281	90.09
90.10 ENT CLINIC	0	279,778	83,476	0	1,678,728	90.10
90.11 ORTHOPEDIC CLINIC	0	0	0	0	1,770,519	90.11
90.12 EYE CLINIC	0	79,360	23,678	0	559,184	90.12
90.13 ONCOLOGY CLINIC	0	0	0	0	3,078,268	90.13
90.14 SURGICAL SPECIALTIES	0	96,366	28,752	0	1,913,374	90.14
90.15 ALLERGY CLINIC	0	336,560	100,418	0	2,577,541	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	0	429,803	128,238	0	1,876,548	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	0	0	0	0	357,795	90.19
90.20 HEMATOLOGY CLINIC	0	0	0	0	724,580	90.20
90.21 SPINA BIFIDA	0	0	0	0	544,703	90.21
90.22 NEUROSCIENCES CLINIC	0	0	0	0	2,020,841	90.22
90.23 RHEUMATOLOGY CLINIC	0	164,821	49,177	0	868,164	90.23
90.24 ENDOCRINE CLINIC	0	280,594	83,720	0	952,961	90.24
90.25 RENAL CLINIC	0	378,497	112,930	0	808,933	90.25
90.26 GREENWAY CLINIC	0	0	0	0	1,422,711	90.26
90.27 NEW BERLIN CLINIC	0	0	0	0	7,749,759	90.27
91.00 EMERGENCY	0	1,774,120	529,336	0	13,551,497	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	280,541	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	389,354	116,170	0	3,865,291	98.00
98.01 TRANSPORT	0	0	0	0	6,768,414	98.01
98.02 GENETICS CENTER	0	94,973	28,337	0	2,164,361	98.02
98.03 NUCLEAR MEDICINE	0	0	0	0	1,021,003	98.03
98.04 CHILD DEVELOPMENT	0	262,292	78,259	0	1,212,830	98.04
98.05 CHILD PROTECTION CENTER	0	446,040	133,083	0	2,944,719	98.05
98.06 DENTAL SRVC	0	763,384	227,767	0	5,786,371	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	930,926	105.00
106.00 HEART ACQUISITION	0	0	0	0	1,223,959	106.00
107.00 LIVER ACQUISITION	0	0	0	0	188,181	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	19,807,391	5,909,839	0	419,400,667	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	130,714	190.00
191.00 RESEARCH	0	0	0	0	5,327,658	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	241,491	72,052	0	819,316	194.00
194.01 POISON CENTER	0	0	0	0	2,507,343	194.01
194.02 PUBLIC RELATIONS	0	0	0	0	4,279,604	194.02
194.03 OUTREACH	0	0	0	0	2,688,942	194.03
194.04 OTHER OFFSITE CLINICS	0	0	0	0	3,283,161	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0	0	423,714	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	0	0	0	0	28,027	194.07
194.08 ADOLESCENT MEDICINE	0	48,952	14,605	0	512,966	194.08
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
202.00 TOTAL (sum lines 118-201)	0	20,097,834	5,996,496	0	439,402,112	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-6,785,183	49,484,665	30.00
31.00 INTENSIVE CARE UNIT	-3,384,048	52,833,328	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	-357	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	-1,021,714	13,248,262	35.00
40.00 SUBPROVIDER - I PF	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	-2,432,628	8,214,913	50.00
51.00 RECOVERY ROOM	0	3,444,461	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	-1,469,232	1,678,234	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-338,867	21,934,279	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	1,343,759	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,577,788	58.00
59.00 CARDIAC CATHETERIZATION	0	2,835,435	59.00
60.00 LABORATORY	-141,771	28,518,631	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	8,468,523	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	9,421,610	65.00
66.00 PHYSICAL THERAPY	-172,333	5,108,221	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	4,350,430	68.00
69.00 ELECTROCARDIOLOGY	-640,310	7,736,826	69.00
70.00 ELECTROENCEPHALOGRAPHY	-391,134	1,595,496	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,862,332	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	12,869,170	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	37,159,015	73.00
74.00 RENAL DIALYSIS	0	913,098	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	14,008	90.00
90.01 ID PRIM CARE SUPP NETWORK	-11,788	1,111,332	90.01
90.02 PAIN/PALLIATIVE CARE	0	1,406,857	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.03	DIABETIC CLINIC	0	1,437,817	90.03
90.04	GI CLINIC	-893,539	3,682,564	90.04
90.05	CLINIC FOR SPECIAL NEEDS	0	1,342,150	90.05
90.06	DIETETICS	0	2,276,442	90.06
90.07	INFUSION ROOM	0	699,660	90.07
90.08	CARDIOLOGY CLINIC	-319,469	1,883,719	90.08
90.09	PULMONARY CLINIC	-215,931	887,350	90.09
90.10	ENT CLINIC	-363,254	1,315,474	90.10
90.11	ORTHOPEDIC CLINIC	0	1,770,519	90.11
90.12	EYE CLINIC	-103,038	456,146	90.12
90.13	ONCOLOGY CLINIC	0	3,078,268	90.13
90.14	SURGICAL SPECIALTIES	-125,118	1,788,256	90.14
90.15	ALLERGY CLINIC	-436,978	2,140,563	90.15
90.16	LASER CLINIC	0	0	90.16
90.17	DERMATOLOGY CLINIC	-558,041	1,318,507	90.17
90.18	CLINIC ADMINISTRATION	0	0	90.18
90.19	CRANIOFACIAL CENTER	0	357,795	90.19
90.20	HEMATOLOGY CLINIC	0	724,580	90.20
90.21	SPINA BIFIDA	0	544,703	90.21
90.22	NEUROSCIENCES CLINIC	0	2,020,841	90.22
90.23	RHEUMATOLOGY CLINIC	-213,998	654,166	90.23
90.24	ENDOCRINE CLINIC	-364,314	588,647	90.24
90.25	RENAL CLINIC	-491,427	317,506	90.25
90.26	GREENWAY CLINIC	0	1,422,711	90.26
90.27	NEW BERLIN CLINIC	0	7,749,759	90.27
91.00	EMERGENCY	-2,303,456	11,248,041	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	280,541	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	-505,524	3,359,767	98.00
98.01	TRANSPORT	0	6,768,414	98.01
98.02	GENETICS CENTER	-123,310	2,041,051	98.02
98.03	NUCLEAR MEDICINE	0	1,021,003	98.03
98.04	CHILD DEVELOPMENT	-340,551	872,279	98.04
98.05	CHILD PROTECTION CENTER	-579,123	2,365,596	98.05
98.06	DENTAL SRVC	-991,151	4,795,220	98.06
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	930,926	105.00
106.00	HEART ACQUISITION	0	1,223,959	106.00
107.00	LIVER ACQUISITION	0	188,181	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-25,717,230	393,683,437	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	130,714	190.00
191.00	RESEARCH	0	5,327,658	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	-313,543	505,773	194.00
194.01	POISON CENTER	0	2,507,343	194.01
194.02	PUBLIC RELATIONS	0	4,279,604	194.02
194.03	OUTREACH	0	2,688,942	194.03
194.04	OTHER OFFSITE CLINICS	0	3,283,161	194.04
194.05	CHILDREN'S SPECIALTY GROUP	0	423,714	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	194.06
194.07	NORTH SHORE CLINIC	0	28,027	194.07
194.08	ADOLESCENT MEDICINE	-63,557	449,409	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 523300

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

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-26,094,330	413,307,782	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	183,714	1,194	184,908	184,908
5.00	ADMINISTRATIVE & GENERAL	0	2,464,453	5,002,775	7,467,228	27,451
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	817,132	368,883	1,186,015	2,939
8.00	LAUNDRY & LINEN SERVICE	0	0	5,309	5,309	0
9.00	HOUSEKEEPING	0	182,096	147,305	329,401	3,363
10.00	DIETARY	0	29,028	926	29,954	1,662
11.00	CAFETERIA	0	664,315	44,696	709,011	281
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	74,598	39,615	114,213	5,560
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	PHARMACY	0	0	0	0	0
16.00	MEDICAL RECORDS & LIBRARY	0	228,236	7,320	235,556	2,694
17.00	SOCIAL SERVICE	0	186,585	15,144	201,729	1,608
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	29,689	764	30,453	358
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	684	0	684	0
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	4,829,467	784,798	5,614,265	16,749
31.00	INTENSIVE CARE UNIT	0	2,530,620	1,262,104	3,792,724	29,774
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
35.00	OTHER SPECIAL CARE HOT UNIT	0	632,120	65,363	697,483	4,071
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	0	0	0	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,492,407	1,129,231	2,621,638	9,248
51.00	RECOVERY ROOM	0	135,205	51,205	186,410	1,849
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	0	43,815	297,443	341,258	345
54.00	RADIOLOGY-DIAGNOSTIC	661,668	1,533,374	2,395,059	4,590,101	6,601
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
57.00	CT SCAN	0	0	0	0	561
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	214,267	214,267	621
59.00	CARDIAC CATHETERIZATION	0	0	264,528	264,528	0
60.00	LABORATORY	0	913,034	507,924	1,420,958	6,365
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	116,431	116,431	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	206,020	275,337	481,357	5,396
66.00	PHYSICAL THERAPY	0	522,114	190,897	713,011	2,246
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	275,446	62,814	338,260	2,315
69.00	ELECTROCARDIOLOGY	0	312,631	644,846	957,477	3,065
70.00	ELECTROENCEPHALOGRAPHY	0	61,314	120,851	182,165	690
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	315,570	855,398	1,170,968	3,958
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	278,681	227,942	506,623	7,896
74.00	RENAL DIALYSIS	0	57,122	30,614	87,736	317
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
90.01	ID PRIM CARE SUPP NETWORK	0	152,066	4,535	156,601	426

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
90.02 PAIN/PALLIATIVE CARE	0	188,453	6,686	195,139	569	90.02
90.03 DIABETIC CLINIC	0	150,403	22,199	172,602	575	90.03
90.04 GI CLINIC	0	408,874	80,638	489,512	1,517	90.04
90.05 CLINIC FOR SPECIAL NEEDS	0	92,438	24,216	116,654	401	90.05
90.06 DIETETICS	0	0	0	0	1,282	90.06
90.07 INFUSION ROOM	0	41,013	5,059	46,072	272	90.07
90.08 CARDIOLOGY CLINIC	0	37,527	22,495	60,022	894	90.08
90.09 PULMONARY CLINIC	0	43,587	13,278	56,865	425	90.09
90.10 ENT CLINIC	0	79,975	37,839	117,814	581	90.10
90.11 ORTHOPEDIC CLINIC	0	279,069	29,990	309,059	653	90.11
90.12 EYE CLINIC	0	36,706	14,175	50,881	196	90.12
90.13 ONCOLOGY CLINIC	0	300,259	53,493	353,752	1,355	90.13
90.14 SURGICAL SPECIALTIES	0	83,096	40,527	123,623	930	90.14
90.15 ALLERGY CLINIC	0	252,798	55,942	308,740	898	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	0	69,243	24,027	93,270	539	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	0	52,405	542	52,947	139	90.19
90.20 HEMATOLOGY CLINIC	0	86,355	0	86,355	340	90.20
90.21 SPINA BIFIDA	0	64,094	0	64,094	204	90.21
90.22 NEUROSCIENCES CLINIC	0	55,185	38,412	93,597	1,077	90.22
90.23 RHEUMATOLOGY CLINIC	0	90,365	1,958	92,323	223	90.23
90.24 ENDOCRINE CLINIC	0	82,003	0	82,003	195	90.24
90.25 RENAL CLINIC	0	21,122	2,170	23,292	249	90.25
90.26 GREENWAY CLINIC	0	0	341,186	341,186	466	90.26
90.27 NEW BERLIN CLINIC	1,937,955	620,887	349,235	2,908,077	1,271	90.27
91.00 EMERGENCY	0	433,527	116,347	549,874	5,910	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	16,041	0	16,041	20	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	186,881	20,247	207,128	1,743	98.00
98.01 TRANSPORT	43,640	0	113,060	156,700	2,328	98.01
98.02 GENETICS CENTER	87,406	239,788	13,452	340,646	749	98.02
98.03 NUCLEAR MEDICINE	0	34,177	36,630	70,807	242	98.03
98.04 CHILD DEVELOPMENT	265,121	74,734	16,770	356,625	99	98.04
98.05 CHILD PROTECTION CENTER	158,739	26,749	4,541	190,029	1,064	98.05
98.06 DENTAL SRVC	117,519	195,927	105,240	418,686	2,435	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	202	105.00
106.00 HEART ACQUISITION	0	7,906	0	7,906	171	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,272,048	23,503,123	16,725,872	43,501,043	178,623	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,028	0	38,028	0	190.00
191.00 RESEARCH	0	263,689	3,161	266,850	1,854	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	284,789	0	56,615	341,404	0	194.00
194.01 POISON CENTER	0	69,722	14,138	83,860	1,474	194.01
194.02 PUBLIC RELATIONS	115,460	755,181	1,668	872,309	1,196	194.02
194.03 OUTREACH	30,000	277,702	0	307,702	756	194.03
194.04 OTHER OFFSITE CLINICS	124,551	83,871	128,367	336,789	397	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	1,930	1,930	287	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
194.07 NORTH SHORE CLINIC	0	0	4,821	4,821	16	194.07
194.08 ADOLESCENT MEDICINE	0	60,243	15,580	75,823	305	194.08
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)	3,826,848	25,051,559	16,952,152	45,830,559	184,908	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	7,494,679					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	321,813	0	1,510,767			7.00
8.00	LAUNDRY & LINEN SERVICE	22,022	0	0	27,331		8.00
9.00	HOUSEKEEPING	128,244	0	12,744	1,512	475,264	9.00
10.00	DIETARY	109,990	0	2,032	0	645	10.00
11.00	CAFETERIA	15,538	0	46,494	2	14,751	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	148,582	0	5,221	0	1,656	13.00
14.00	CENTRAL SERVICES & SUPPLY	138,345	0	0	0	0	14.00
15.00	PHARMACY	187,393	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	109,899	0	15,974	0	5,068	16.00
17.00	SOCIAL SERVICE	53,541	0	13,059	0	4,143	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	340,588	0	2,078	87	659	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	102,264	0	48	0	15	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	595,489	0	338,003	7,996	107,236	30.00
31.00	INTENSIVE CARE UNIT	780,535	0	177,112	2,864	56,191	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	189,252	0	44,240	1,426	14,036	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	89,156	0	104,450	4,526	33,138	50.00
51.00	RECOVERY ROOM	52,070	0	9,463	455	3,002	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	24,943	0	3,067	0	973	53.00
54.00	RADIOLOGY-DIAGNOSTIC	328,860	0	107,317	934	34,047	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	20,442	0	0	228	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	40,055	0	0	287	0	58.00
59.00	CARDIAC CATHETERIZATION	46,936	0	0	0	0	59.00
60.00	LABORATORY	443,924	0	63,901	2	20,273	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	142,264	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	145,150	0	14,419	132	4,575	65.00
66.00	PHYSICAL THERAPY	72,092	0	36,541	98	11,593	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	64,853	0	19,278	0	6,116	68.00
69.00	ELECTROCARDIOLOGY	122,027	0	21,880	192	6,942	69.00
70.00	ELECTROENCEPHALOGRAPHY	23,990	0	4,291	241	1,361	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	574,755	0	22,086	1,384	7,007	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	219,501	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	417,593	0	19,504	1	6,188	73.00
74.00	RENAL DIALYSIS	12,939	0	3,998	40	1,268	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	15,149	0	10,643	0	3,377	90.01
90.02	PAIN/PALLIATIVE CARE	19,251	0	13,189	104	4,184	90.02
90.03	DIABETIC CLINIC	18,891	0	10,526	1	3,340	90.03
90.04	GI CLINIC	52,110	0	28,616	5	9,079	90.04
90.05	CLINIC FOR SPECIAL NEEDS	18,281	0	6,470	0	2,053	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center	Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
90.06	DIETETICS	36,568	0	0	0	0	90.06
90.07	INFUSION ROOM	7,766	0	2,870	68	911	90.07
90.08	CARDIOLOGY CLINIC	26,714	0	2,626	102	833	90.08
90.09	PULMONARY CLINIC	11,524	0	3,051	70	968	90.09
90.10	ENT CLINIC	19,517	0	5,597	23	1,776	90.10
90.11	ORTHOPEDIC CLINIC	22,796	0	19,531	170	6,197	90.11
90.12	EYE CLINIC	5,809	0	2,569	0	815	90.12
90.13	ONCOLOGY CLINIC	41,204	0	21,014	174	6,667	90.13
90.14	SURGICAL SPECIALTIES	27,151	0	5,816	14	1,845	90.14
90.15	ALLERGY CLINIC	28,961	0	17,693	15	5,613	90.15
90.16	LASER CLINIC	0	0	0	0	0	90.16
90.17	DERMATOLOGY CLINIC	19,170	0	4,846	26	1,537	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19	CRANIOFACIAL CENTER	4,809	0	3,668	0	1,164	90.19
90.20	HEMATOLOGY CLINIC	10,311	0	6,044	25	1,917	90.20
90.21	SPINA BIFIDA	7,337	0	4,486	0	1,423	90.21
90.22	NEUROSCIENCES CLINIC	29,900	0	3,862	0	1,225	90.22
90.23	RHEUMATOLOGY CLINIC	8,435	0	6,324	0	2,006	90.23
90.24	ENDOCRINE CLINIC	7,886	0	5,739	0	1,821	90.24
90.25	RENAL CLINIC	4,574	0	1,478	0	469	90.25
90.26	GREENWAY CLINIC	23,306	0	0	51	0	90.26
90.27	NEW BERLIN CLINIC	109,578	0	43,454	781	13,786	90.27
91.00	EMERGENCY	163,072	0	30,341	2,993	9,626	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	4,383	0	1,123	0	356	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	51,007	0	13,079	0	4,150	98.00
98.01	TRANSPORT	112,363	0	0	0	0	98.01
98.02	GENETICS CENTER	28,082	0	16,782	68	5,324	98.02
98.03	NUCLEAR MEDICINE	16,379	0	2,392	0	759	98.03
98.04	CHILD DEVELOPMENT	11,935	0	5,230	0	1,659	98.04
98.05	CHILD PROTECTION CENTER	37,712	0	1,872	26	594	98.05
98.06	DENTAL SRVC	73,453	0	13,712	208	4,350	98.06
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	14,503	0	0	0	0	105.00
106.00	HEART ACQUISITION	20,493	0	553	0	176	106.00
107.00	LIVER ACQUISITION	3,184	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,198,609	0	1,402,396	27,331	440,883	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	809	0	2,661	0	844	190.00
191.00	RESEARCH	83,050	0	18,455	0	5,855	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	8,623	0	0	0	0	194.00
194.01	POISON CENTER	40,096	0	4,880	0	1,548	194.01
194.02	PUBLIC RELATIONS	56,856	0	52,853	0	16,768	194.02
194.03	OUTREACH	39,483	0	19,436	0	6,166	194.03
194.04	OTHER OFFSITE CLINICS	54,066	0	5,870	0	1,862	194.04
194.05	CHILDREN'S SPECIALTY GROUP	7,131	0	0	0	0	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07	NORTH SHORE CLINIC	106	0	0	0	1,338	194.07
194.08	ADOLESCENT MEDICINE	5,850	0	4,216	0	0	194.08
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,494,679	0	1,510,767	27,331	475,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING							9.00
10.00	DIETARY	144,283						10.00
11.00	CAFETERIA	0	786,077					11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0				12.00
13.00	NURSING ADMINISTRATION	0	23,588	0	298,820			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	12,495	150,840		14.00
15.00	PHARMACY	0	0	0	10,676	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	20,586	0	7,580	13		16.00
17.00	SOCIAL SERVICE	0	11,090	0	4,475	0		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	40,129	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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	111,087	90,907	0	33,473	211		30.00
31.00	INTENSIVE CARE UNIT	11,369	142,194	0	52,358	175		31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	15,682	21,885	0	8,058	54		35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	20	44,487	0	16,380	967		50.00
51.00	RECOVERY ROOM	0	8,650	0	3,185	10		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	2,239	0	824	22		53.00
54.00	RADIOLOGY-DIAGNOSTIC	39	22,851	0	11,797	43		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0	0		56.00
57.00	CT SCAN	0	12,075	0	916	1		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,488	0	1,065	100		58.00
59.00	CARDIAC CATHETERIZATION	0	2,534	0	933	8		59.00
60.00	LABORATORY	39	37,169	0	13,686	194		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	28,281	0	10,413	35		65.00
66.00	PHYSICAL THERAPY	0	11,199	0	0	7		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	2	11,124	0	4,057	4		68.00
69.00	ELECTROCARDIOLOGY	0	7,193	0	3,099	3		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,478	0	1,584	4		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	33,933	0	12,495	147,048		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	28,995	0	10,676	335		73.00
74.00	RENAL DIALYSIS	0	1,442	0	489	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	CLINIC	0	0	0	473	0		90.00
90.01	ID PRIM CARE SUPP NETWORK	0	1,673	0	606	0		90.01
90.02	PAIN/PALLIATIVE CARE	0	2,636	0	970	6		90.02
90.03	DIABETIC CLINIC	489	3,221	0	0	6		90.03
90.04	GI CLINIC	0	7,824	0	2,854	2		90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
90.05 CLINIC FOR SPECIAL NEEDS	0	2,855	0	1,064		5 90.05
90.06 DIETETICS	0	9,640	0	3,572		0 90.06
90.07 INFUSION ROOM	3,248	1,593	0	587		0 90.07
90.08 CARDIOLOGY CLINIC	0	5,060	0	1,863		3 90.08
90.09 PULMONARY CLINIC	0	1,971	0	765		5 90.09
90.10 ENT CLINIC	0	3,092	0	988		1 90.10
90.11 ORTHOPEDIC CLINIC	0	4,153	0	1,863		6 90.11
90.12 EYE CLINIC	0	1,295	0	1,504		0 90.12
90.13 ONCOLOGY CLINIC	2,073	7,824	0	2,881		37 90.13
90.14 SURGICAL SPECIALTIES	0	6,136	0	1,746		13 90.14
90.15 ALLERGY CLINIC	0	5,399	0	1,956		0 90.15
90.16 LASER CLINIC	0	0	0	0		0 90.16
90.17 DERMATOLOGY CLINIC	0	3,715	0	1,347		6 90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0		0 90.18
90.19 CRANIOFACIAL CENTER	0	574	0	0		0 90.19
90.20 HEMATOLOGY CLINIC	0	1,473	0	0		0 90.20
90.21 SPINA BIFIDA	0	872	0	1,068		0 90.21
90.22 NEUROSCIENCES CLINIC	20	5,856	0	2,140		0 90.22
90.23 RHEUMATOLOGY CLINIC	0	1,405	0	509		2 90.23
90.24 ENDOCRINE CLINIC	0	1,159	0	420		0 90.24
90.25 RENAL CLINIC	0	1,295	0	0		0 90.25
90.26 GREENWAY CLINIC	0	0	0	1,246		12 90.26
90.27 NEW BERLIN CLINIC	78	29,327	0	12,550		21 90.27
91.00 EMERGENCY	0	0	0	10,798		207 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	223	0	28		0 94.00
95.00 AMBULANCE SERVICES	0	0	0	0		0 95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		0 96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		0 97.00
98.00 PSYCHIATRY - OFFICE BLDG	137	7,733	0	2,826		5 98.00
98.01 TRANSPORT	0	9,534	0	3,510		17 98.01
98.02 GENETICS CENTER	0	4,316	0	1,564		4 98.02
98.03 NUCLEAR MEDICINE	0	899	0	0		0 98.03
98.04 CHILD DEVELOPMENT	0	838	0	2,198		0 98.04
98.05 CHILD PROTECTION CENTER	0	5,528	0	2,016		6 98.05
98.06 DENTAL SRVC	0	9,326	0	5,159		288 98.06
99.00 CMHC	0	0	0	0		0 99.00
99.10 CORF	0	0	0	0		0 99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		0 100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	929	0	343		0 105.00
106.00 HEART ACQUISITION	0	0	0	0		0 106.00
107.00 LIVER ACQUISITION	0	0	0	0		0 107.00
108.00 LUNG ACQUISITION	0	0	0	0		0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		0 110.00
111.00 ISLET ACQUISITION	0	0	0	0		0 111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		0 115.00
116.00 HOSPICE	0	0	0	0		0 116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0		0 117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	144,283	758,891	0	292,128	149,889	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	645	190.00
191.00 RESEARCH	0	5,430	0	3,965	52	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	0	4	194.00
194.01 POISON CENTER	0	5,365	0	1,976	0	194.01
194.02 PUBLIC RELATIONS	0	5,766	0	0	0	194.02
194.03 OUTREACH	0	7,835	0	449	0	194.03
194.04 OTHER OFFSITE CLINICS	0	287	0	64	1	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	1,854	0	0	27	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08 ADOLESCENT MEDICINE	0	649	0	238	222	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	144,283	786,077	0	298,820	150,840	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	198,069					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	397,370				16.00
17.00 SOCIAL SERVICE	0	0	289,645			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	67	42,208	105,186	0		30.00
31.00 INTENSIVE CARE UNIT	17	59,420	31,011	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
35.00 OTHER SPECIAL CARE HOT UNIT	8	12,624	7,087	0		35.00
40.00 SUBPROVIDER - 1PF	0	0	0	0		40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	0	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	79	15,963	407	0		50.00
51.00 RECOVERY ROOM	1	5,052	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	1,411	2,872	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	247	16,147	944	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0	0		56.00
57.00 CT SCAN	67	4,368	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	277	8,387	796	0		58.00
59.00 CARDIAC CATHETERIZATION	12	2,802	0	0		59.00
60.00 LABORATORY	55	48,520	463	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	7,254	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	9	15,651	148	0		65.00
66.00 PHYSICAL THERAPY	0	5,032	9,677	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	2,868	999	0		68.00
69.00 ELECTROCARDIOLOGY	8	3,368	1,591	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	3	2,534	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,597	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	193,384	50,932	0	0		73.00
74.00 RENAL DIALYSIS	2	987	3,849	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	0	0		90.00
90.01 ID PRIM CARE SUPP NETWORK	0	14	1,092	0		90.01
90.02 PAIN/PALLIATIVE CARE	0	102	296	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
90.03 DIABETIC CLINIC	5	637	8,493	0		90.03
90.04 GI CLINIC	9	1,095	0	0		90.04
90.05 CLINIC FOR SPECIAL NEEDS	1	159	9,455	0		90.05
90.06 DIETETICS	0	308	0	0		90.06
90.07 INFUSION ROOM	0	1,338	0	0		90.07
90.08 CARDIOLOGY CLINIC	3	886	15,117	0		90.08
90.09 PULMONARY CLINIC	44	279	9,844	0		90.09
90.10 ENT CLINIC	75	638	1,610	0		90.10
90.11 ORTHOPEDIC CLINIC	4	916	0	0		90.11
90.12 EYE CLINIC	50	299	1,203	0		90.12
90.13 ONCOLOGY CLINIC	0	1,849	4,330	0		90.13
90.14 SURGICAL SPECIALTIES	36	745	981	0		90.14
90.15 ALLERGY CLINIC	275	789	2,461	0		90.15
90.16 LASER CLINIC	0	0	0	0		90.16
90.17 DERMATOLOGY CLINIC	378	583	2,257	0		90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0		90.18
90.19 CRANIOFACIAL CENTER	2	179	537	0		90.19
90.20 HEMATOLOGY CLINIC	0	210	426	0		90.20
90.21 SPINA BIFIDA	0	100	0	0		90.21
90.22 NEUROSCIENCES CLINIC	1	398	9,474	0		90.22
90.23 RHEUMATOLOGY CLINIC	17	171	2,109	0		90.23
90.24 ENDOCRINE CLINIC	0	208	518	0		90.24
90.25 RENAL CLINIC	0	135	1,480	0		90.25
90.26 GREENWAY CLINIC	5	913	0	0		90.26
90.27 NEW BERLIN CLINIC	638	2,459	0	0		90.27
91.00 EMERGENCY	113	7,824	43,870	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	137	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	1,172	851	0		98.00
98.01 TRANSPORT	0	3,107	0	0		98.01
98.02 GENETICS CENTER	2	295	2,757	0		98.02
98.03 NUCLEAR MEDICINE	3	926	0	0		98.03
98.04 CHILD DEVELOPMENT	0	223	759	0		98.04
98.05 CHILD PROTECTION CENTER	656	575	37	0		98.05
98.06 DENTAL SRVC	10	2,442	296	0		98.06
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	5	451	4,940	0		105.00
106.00 HEART ACQUISITION	0	720	0	0		106.00
107.00 LIVER ACQUISITION	0	87	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0		117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	197,979	396,955	287,351	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 RESEARCH	0	12	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	0		194.00
194.01 POISON CENTER	0	0	0	0		194.01
194.02 PUBLIC RELATIONS	0	0	0	0		194.02
194.03 OUTREACH	5	0	0	0		194.03
194.04 OTHER OFFSITE CLINICS	32	301	0	0		194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0	0		194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0		194.06
194.07 NORTH SHORE CLINIC	0	0	0	0		194.07
194.08 ADOLESCENT MEDICINE	53	102	2,294	0		194.08

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS		
		15.00	16.00	17.00	18.00	19.00		
200.00	Cross Foot Adjustments							0 200.00
201.00	Negative Cost Centers	0	0	0	0			0 201.00
202.00	TOTAL (sum lines 118-201)	198,069	397,370	289,645	0			0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
19.00						19.00
20.00	0					20.00
21.00		414,355				21.00
22.00			103,011			22.00
23.00				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00					7,062,877	30.00
31.00					5,135,744	31.00
32.00					0	32.00
33.00					0	33.00
34.00					0	34.00
35.00					1,015,906	35.00
40.00					0	40.00
41.00					0	41.00
42.00					0	42.00
43.00					0	43.00
44.00					0	44.00
45.00					0	45.00
46.00					0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00					2,940,459	50.00
51.00					270,147	51.00
52.00					0	52.00
53.00					377,954	53.00
54.00					5,119,928	54.00
55.00					0	55.00
56.00					0	56.00
57.00					38,658	57.00
58.00					268,343	58.00
59.00					317,753	59.00
60.00					2,055,549	60.00
60.01					0	60.01
61.00					0	61.00
62.00					0	62.00
63.00					265,949	63.00
64.00					0	64.00
65.00					705,566	65.00
66.00					861,496	66.00
67.00					0	67.00
68.00					449,876	68.00
69.00					1,126,845	69.00
70.00					221,341	70.00
71.00					2,030,231	71.00
72.00					219,501	72.00
73.00					1,242,127	73.00
74.00					113,067	74.00
75.00					0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00					0	88.00
89.00					0	89.00
90.00					473	90.00
90.01					189,581	90.01
90.02					236,446	90.02
90.03					218,786	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
90.04 GI CLINIC					592,623	90.04	
90.05 CLINIC FOR SPECIAL NEEDS					157,398	90.05	
90.06 DIETETICS					51,370	90.06	
90.07 INFUSION ROOM					64,725	90.07	
90.08 CARDIOLOGY CLINIC					114,123	90.08	
90.09 PULMONARY CLINIC					85,811	90.09	
90.10 ENT CLINIC					151,712	90.10	
90.11 ORTHOPEDIC CLINIC					365,348	90.11	
90.12 EYE CLINIC					64,621	90.12	
90.13 ONCOLOGY CLINIC					443,160	90.13	
90.14 SURGICAL SPECIALTIES					169,036	90.14	
90.15 ALLERGY CLINIC					372,800	90.15	
90.16 LASER CLINIC					0	90.16	
90.17 DERMATOLOGY CLINIC					127,674	90.17	
90.18 CLINIC ADMINISTRATION					0	90.18	
90.19 CRANIOFACIAL CENTER					64,019	90.19	
90.20 HEMATOLOGY CLINIC					107,101	90.20	
90.21 SPINA BIFIDA					79,584	90.21	
90.22 NEUROSCIENCES CLINIC					147,550	90.22	
90.23 RHEUMATOLOGY CLINIC					113,524	90.23	
90.24 ENDOCRINE CLINIC					99,949	90.24	
90.25 RENAL CLINIC					32,972	90.25	
90.26 GREENWAY CLINIC					367,185	90.26	
90.27 NEW BERLIN CLINIC					3,122,020	90.27	
91.00 EMERGENCY					824,628	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS					22,311	94.00	
95.00 AMBULANCE SERVICES					0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED					0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD					0	97.00	
98.00 PSYCHIATRY - OFFICE BLDG					289,831	98.00	
98.01 TRANSPORT					287,559	98.01	
98.02 GENETICS CENTER					400,589	98.02	
98.03 NUCLEAR MEDICINE					92,407	98.03	
98.04 CHILD DEVELOPMENT					379,566	98.04	
98.05 CHILD PROTECTION CENTER					240,115	98.05	
98.06 DENTAL SRVC					530,365	98.06	
99.00 CMHC					0	99.00	
99.10 CORF					0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM					0	100.00	
101.00 HOME HEALTH AGENCY					0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION					21,373	105.00	
106.00 HEART ACQUISITION					30,019	106.00	
107.00 LIVER ACQUISITION					3,271	107.00	
108.00 LUNG ACQUISITION					0	108.00	
109.00 PANCREAS ACQUISITION					0	109.00	
110.00 INTESTINAL ACQUISITION					0	110.00	
111.00 ISLET ACQUISITION					0	111.00	
113.00 INTEREST EXPENSE					0	113.00	
114.00 UTILIZATION REVIEW-SNF					0	114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00	
116.00 HOSPICE					0	116.00	
117.00 OTHER CAPITAL RELATED COSTS					0	117.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	42,500,942	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					42,987	190.00	
191.00 RESEARCH					385,523	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES					0	192.00	
193.00 NONPAID WORKERS					0	193.00	
194.00 DOWNTOWN HEALTH CENTER					350,031	194.00	
194.01 POISON CENTER					139,199	194.01	
194.02 PUBLIC RELATIONS					1,005,748	194.02	
194.03 OUTREACH					381,832	194.03	
194.04 OTHER OFFSITE CLINICS					399,669	194.04	
194.05 CHILDREN'S SPECIALTY GROUP					11,229	194.05	
194.06 EAST SIDE SPEECH AND HEARING					0	194.06	
194.07 NORTH SHORE CLINIC					6,281	194.07	
194.08 ADOLESCENT MEDICINE					89,752	194.08	
200.00 Cross Foot Adjustments	0	414,355	103,011	0	517,366	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
202.00	0	414,355	103,011	0	45,830,559	202.00	
TOTAL (sum lines 118-201)							

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT			1.00
2.00 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.00 ADMINISTRATIVE & GENERAL			5.00
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
12.00 MAINTENANCE OF PERSONNEL			12.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)			18.00
19.00 NONPHYSICIAN ANESTHETISTS			19.00
20.00 NURSING SCHOOL			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	7,062,877	30.00
31.00 INTENSIVE CARE UNIT	0	5,135,744	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	0	1,015,906	35.00
40.00 SUBPROVIDER - I PF	0	0	40.00
41.00 SUBPROVIDER - I RF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	2,940,459	50.00
51.00 RECOVERY ROOM	0	270,147	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	377,954	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	5,119,928	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	38,658	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	268,343	58.00
59.00 CARDIAC CATHETERIZATION	0	317,753	59.00
60.00 LABORATORY	0	2,055,549	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	265,949	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	705,566	65.00
66.00 PHYSICAL THERAPY	0	861,496	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	449,876	68.00
69.00 ELECTROCARDIOLOGY	0	1,126,845	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	221,341	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,030,231	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	219,501	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,242,127	73.00
74.00 RENAL DIALYSIS	0	113,067	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	473	90.00
90.01 ID PRIM CARE SUPP NETWORK	0	189,581	90.01
90.02 PAIN/PALLIATIVE CARE	0	236,446	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.03	DIABETIC CLINIC	0	218,786	90.03
90.04	GI CLINIC	0	592,623	90.04
90.05	CLINIC FOR SPECIAL NEEDS	0	157,398	90.05
90.06	DIETETICS	0	51,370	90.06
90.07	INFUSION ROOM	0	64,725	90.07
90.08	CARDIOLOGY CLINIC	0	114,123	90.08
90.09	PULMONARY CLINIC	0	85,811	90.09
90.10	ENT CLINIC	0	151,712	90.10
90.11	ORTHOPEDIC CLINIC	0	365,348	90.11
90.12	EYE CLINIC	0	64,621	90.12
90.13	ONCOLOGY CLINIC	0	443,160	90.13
90.14	SURGICAL SPECIALTIES	0	169,036	90.14
90.15	ALLERGY CLINIC	0	372,800	90.15
90.16	LASER CLINIC	0	0	90.16
90.17	DERMATOLOGY CLINIC	0	127,674	90.17
90.18	CLINIC ADMINISTRATION	0	0	90.18
90.19	CRANIOFACIAL CENTER	0	64,019	90.19
90.20	HEMATOLOGY CLINIC	0	107,101	90.20
90.21	SPINA BIFIDA	0	79,584	90.21
90.22	NEUROSCIENCES CLINIC	0	147,550	90.22
90.23	RHEUMATOLOGY CLINIC	0	113,524	90.23
90.24	ENDOCRINE CLINIC	0	99,949	90.24
90.25	RENAL CLINIC	0	32,972	90.25
90.26	GREENWAY CLINIC	0	367,185	90.26
90.27	NEW BERLIN CLINIC	0	3,122,020	90.27
91.00	EMERGENCY	0	824,628	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	22,311	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	0	289,831	98.00
98.01	TRANSPORT	0	287,559	98.01
98.02	GENETICS CENTER	0	400,589	98.02
98.03	NUCLEAR MEDICINE	0	92,407	98.03
98.04	CHILD DEVELOPMENT	0	379,566	98.04
98.05	CHILD PROTECTION CENTER	0	240,115	98.05
98.06	DENTAL SRVC	0	530,365	98.06
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	21,373	105.00
106.00	HEART ACQUISITION	0	30,019	106.00
107.00	LIVER ACQUISITION	0	3,271	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	42,500,942	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,987	190.00
191.00	RESEARCH	0	385,523	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	DOWNTOWN HEALTH CENTER	0	350,031	194.00
194.01	POISON CENTER	0	139,199	194.01
194.02	PUBLIC RELATIONS	0	1,005,748	194.02
194.03	OUTREACH	0	381,832	194.03
194.04	OTHER OFFSITE CLINICS	0	399,669	194.04
194.05	CHILDREN'S SPECIALTY GROUP	0	11,229	194.05
194.06	EAST SIDE SPEECH AND HEARING	0	0	194.06
194.07	NORTH SHORE CLINIC	0	6,281	194.07
194.08	ADOLESCENT MEDICINE	0	89,752	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 523300

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

Worksheet B
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
200.00	Cross Foot Adjustments	0	517,366	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	45,830,559	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,099,484					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		17,158,547				2.00
4.00	EMPLOYEE BENEFITS	8,063	1,209	160,287,278			4.00
5.00	ADMINISTRATIVE & GENERAL	108,162	5,063,680	23,787,772	-87,311,413	352,091,056	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	35,863	373,374	2,547,124	0	15,118,535	7.00
8.00	LAUNDRY & LINEN SERVICE	0	5,374	0	0	1,034,587	8.00
9.00	HOUSEKEEPING	7,992	149,099	2,914,100	0	6,024,803	9.00
10.00	DIETARY	1,274	937	1,440,162	0	5,167,250	10.00
11.00	CAFETERIA	29,156	45,240	243,398	0	729,957	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,274	40,097	4,818,242	0	6,980,252	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,499,327	14.00
15.00	PHARMACY	0	0	0	0	8,803,601	15.00
16.00	MEDICAL RECORDS & LIBRARY	10,017	7,409	2,334,358	0	5,162,988	16.00
17.00	SOCIAL SERVICE	8,189	15,328	1,393,036	0	2,515,293	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,303	773	310,182	0	16,000,587	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	30	0	0	0	4,804,285	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	211,960	794,353	14,514,223	0	27,975,611	30.00
31.00	INTENSIVE CARE UNIT	111,066	1,277,471	25,854,457	0	36,665,878	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	357	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	27,743	66,159	3,528,090	0	8,890,927	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	65,500	1,142,980	8,013,572	0	4,188,477	50.00
51.00	RECOVERY ROOM	5,934	51,828	1,602,416	0	2,446,216	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,923	301,065	298,983	0	1,171,788	53.00
54.00	RADIOLOGY-DIAGNOSTIC	67,298	2,424,220	5,719,920	0	15,449,599	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	486,193	0	960,328	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	216,876	538,294	0	1,881,754	58.00
59.00	CARDIAC CATHETERIZATION	0	267,749	0	0	2,204,996	59.00
60.00	LABORATORY	40,072	514,108	5,515,739	0	20,855,227	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	117,849	0	0	6,683,470	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,042	278,689	4,675,824	0	6,819,043	65.00
66.00	PHYSICAL THERAPY	22,915	193,221	1,946,618	0	3,386,833	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	12,089	63,579	2,005,957	0	3,046,724	68.00
69.00	ELECTROCARDIOLOGY	13,721	652,697	2,655,843	0	5,732,741	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,691	122,322	597,739	0	1,127,035	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,850	865,813	3,429,727	0	27,001,557	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,312,000	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,231	230,717	6,842,110	0	19,618,209	73.00
74.00	RENAL DIALYSIS	2,507	30,987	274,640	0	607,841	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	6,674	4,590	369,339	0	711,692	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
90.02 PAIN/PALLIATIVE CARE	8,271	6,767	493,357	0	904,394	90.02
90.03 DIABETIC CLINIC	6,601	22,469	498,645	0	887,470	90.03
90.04 GI CLINIC	17,945	81,620	1,314,697	0	2,448,093	90.04
90.05 CLINIC FOR SPECIAL NEEDS	4,057	24,511	347,597	0	858,836	90.05
90.06 DIETETICS	0	0	1,110,726	0	1,717,920	90.06
90.07 INFUSION ROOM	1,800	5,121	235,987	0	364,858	90.07
90.08 CARDIOLOGY CLINIC	1,647	22,769	774,329	0	1,254,984	90.08
90.09 PULMONARY CLINIC	1,913	13,440	368,573	0	541,377	90.09
90.10 ENT CLINIC	3,510	38,300	503,475	0	916,874	90.10
90.11 ORTHOPEDIC CLINIC	12,248	30,355	566,206	0	1,070,921	90.11
90.12 EYE CLINIC	1,611	14,348	169,937	0	272,914	90.12
90.13 ONCOLOGY CLINIC	13,178	54,144	1,173,756	0	1,935,749	90.13
90.14 SURGICAL SPECIALTIES	3,647	41,020	805,908	0	1,275,510	90.14
90.15 ALLERGY CLINIC	11,095	56,623	778,032	0	1,360,545	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	3,039	24,320	467,237	0	900,573	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	2,300	549	120,271	0	225,915	90.19
90.20 HEMATOLOGY CLINIC	3,790	0	294,584	0	484,402	90.20
90.21 SPINA BIFIDA	2,813	0	176,653	0	344,672	90.21
90.22 NEUROSCIENCES CLINIC	2,422	38,880	933,211	0	1,404,676	90.22
90.23 RHEUMATOLOGY CLINIC	3,966	1,982	193,486	0	396,249	90.23
90.24 ENDOCRINE CLINIC	3,599	0	169,199	0	370,456	90.24
90.25 RENAL CLINIC	927	2,196	215,616	0	214,861	90.25
90.26 GREENWAY CLINIC	0	345,340	403,752	0	1,094,902	90.26
90.27 NEW BERLIN CLINIC	27,250	353,487	1,101,542	0	5,147,896	90.27
91.00 EMERGENCY	19,027	117,764	5,120,989	0	7,661,002	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	704	0	17,310	0	205,917	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	8,202	20,494	1,510,430	0	2,396,275	98.00
98.01 TRANSPORT	0	114,437	2,017,462	0	5,278,731	98.01
98.02 GENETICS CENTER	10,524	13,616	649,020	0	1,319,288	98.02
98.03 NUCLEAR MEDICINE	1,500	37,076	209,996	0	769,471	98.03
98.04 CHILD DEVELOPMENT	3,280	16,974	85,703	0	560,702	98.04
98.05 CHILD PROTECTION CENTER	1,174	4,596	922,439	0	1,771,694	98.05
98.06 DENTAL SRVC	8,599	106,521	2,109,831	0	3,450,746	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	175,266	0	681,358	105.00
106.00 HEART ACQUISITION	347	0	148,131	0	962,765	106.00
107.00 LIVER ACQUISITION	0	0	0	0	149,568	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,031,525	16,929,512	154,841,411	-87,311,056	338,181,975	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,669	0	0	0	38,028	190.00
191.00 RESEARCH	11,573	3,199	1,606,791	0	3,901,603	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	57,304	0	0	405,079	194.00
194.01 POISON CENTER	3,060	14,310	1,277,636	0	1,883,675	194.01
194.02 PUBLIC RELATIONS	33,144	1,688	1,036,101	0	2,671,046	194.02
194.03 OUTREACH	12,188	0	654,916	0	1,854,858	194.03
194.04 OTHER OFFSITE CLINICS	3,681	129,930	344,265	0	2,539,956	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	1,954	248,519	0	335,013	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.07 NORTH SHORE CLINIC	0	4,880	13,506	0	4,981	194.07
194.08 ADOLESCENT MEDICINE	2,644	15,770	264,133	0	274,842	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	25,051,559	16,952,152	4,740,326		87,311,413	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	22.784833	0.987971	0.029574		0.247980	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			184,908		7,494,679	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001154		0.021286	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS	983,259					6.00
7.00 OPERATION OF PLANT	35,863	947,396				7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	1,294,628			8.00
9.00 HOUSEKEEPING	7,992	7,992	71,633	939,404		9.00
10.00 DIETARY	1,274	1,274	0	1,274	80,927	10.00
11.00 CAFETERIA	29,156	29,156	100	29,156	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,274	3,274	0	3,274	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	10,017	10,017	0	10,017	0	16.00
17.00 SOCIAL SERVICE	8,189	8,189	0	8,189	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,303	1,303	4,140	1,303	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	30	30	0	30	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	211,960	211,960	378,699	211,960	62,307	30.00
31.00 INTENSIVE CARE UNIT	111,066	111,066	135,665	111,066	6,377	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	27,743	27,743	67,550	27,743	8,796	35.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	65,500	65,500	214,400	65,500	11	50.00
51.00 RECOVERY ROOM	5,934	5,934	21,574	5,934	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	1,923	1,923	0	1,923	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	67,298	67,298	44,263	67,298	22	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	10,820	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	13,600	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	40,072	40,072	80	40,072	22	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	9,042	9,042	6,250	9,042	0	65.00
66.00 PHYSICAL THERAPY	22,915	22,915	4,650	22,915	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	12,089	12,089	10	12,089	1	68.00
69.00 ELECTROCARDIOLOGY	13,721	13,721	9,115	13,721	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,691	2,691	11,412	2,691	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,850	13,850	65,570	13,850	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,231	12,231	40	12,231	0	73.00
74.00 RENAL DIALYSIS	2,507	2,507	1,890	2,507	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	6,674	6,674	0	6,674	0	90.01
90.02 PAIN/PALLIATIVE CARE	8,271	8,271	4,915	8,271	0	90.02
90.03 DIABETIC CLINIC	6,601	6,601	30	6,601	274	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
90.04 GI CLINIC	17,945	17,945	250	17,945	0	90.04
90.05 CLINIC FOR SPECIAL NEEDS	4,057	4,057	0	4,057	0	90.05
90.06 DIETETICS	0	0	0	0	0	90.06
90.07 INFUSION ROOM	1,800	1,800	3,200	1,800	1,822	90.07
90.08 CARDIOLOGY CLINIC	1,647	1,647	4,817	1,647	0	90.08
90.09 PULMONARY CLINIC	1,913	1,913	3,300	1,913	0	90.09
90.10 ENT CLINIC	3,510	3,510	1,100	3,510	0	90.10
90.11 ORTHOPEDIC CLINIC	12,248	12,248	8,040	12,248	0	90.11
90.12 EYE CLINIC	1,611	1,611	0	1,611	0	90.12
90.13 ONCOLOGY CLINIC	13,178	13,178	8,250	13,178	1,163	90.13
90.14 SURGICAL SPECIALTIES	3,647	3,647	640	3,647	0	90.14
90.15 ALLERGY CLINIC	11,095	11,095	710	11,095	0	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	3,039	3,039	1,250	3,039	0	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	2,300	2,300	0	2,300	0	90.19
90.20 HEMATOLOGY CLINIC	3,790	3,790	1,200	3,790	0	90.20
90.21 SPINA BIFIDA	2,813	2,813	0	2,813	0	90.21
90.22 NEUROSCIENCES CLINIC	2,422	2,422	0	2,422	11	90.22
90.23 RHEUMATOLOGY CLINIC	3,966	3,966	0	3,966	0	90.23
90.24 ENDOCRINE CLINIC	3,599	3,599	0	3,599	0	90.24
90.25 RENAL CLINIC	927	927	0	927	0	90.25
90.26 GREENWAY CLINIC	0	0	2,395	0	0	90.26
90.27 NEW BERLIN CLINIC	27,250	27,250	36,990	27,250	44	90.27
91.00 EMERGENCY	19,027	19,027	141,790	19,027	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	704	704	0	704	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	8,202	8,202	0	8,202	77	98.00
98.01 TRANSPORT	0	0	0	0	0	98.01
98.02 GENETICS CENTER	10,524	10,524	3,240	10,524	0	98.02
98.03 NUCLEAR MEDICINE	1,500	1,500	0	1,500	0	98.03
98.04 CHILD DEVELOPMENT	3,280	3,280	0	3,280	0	98.04
98.05 CHILD PROTECTION CENTER	1,174	1,174	1,220	1,174	0	98.05
98.06 DENTAL SRVC	8,599	8,599	9,830	8,599	0	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	347	347	0	347	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	915,300	879,437	1,294,628	871,445	80,927	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,669	1,669	0	1,669	0	190.00
191.00 RESEARCH	11,573	11,573	0	11,573	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01 POISON CENTER	3,060	3,060	0	3,060	0	194.01
194.02 PUBLIC RELATIONS	33,144	33,144	0	33,144	0	194.02
194.03 OUTREACH	12,188	12,188	0	12,188	0	194.03
194.04 OTHER OFFSITE CLINICS	3,681	3,681	0	3,681	0	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	0	0	0	2,644	0	194.07
194.08 ADOLESCENT MEDICINE	2,644	2,644	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	0	18,867,629	1,291,144	7,749,437	6,484,507	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	19.915251	0.997309	8.249312	80.127856	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	1,510,767	27,331	475,264	144,283	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	1.594652	0.021111	0.505921	1.782878	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	208,187					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	6,247	0	214,934			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	8,987	2,937,069		14.00
15.00 PHARMACY	0	0	7,679	0	19,378,618	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,452	0	5,452	244	0	16.00
17.00 SOCIAL SERVICE	2,937	0	3,219	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	10,628	0	0	56	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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	24,076	0	24,076	4,104	6,526	30.00
31.00 INTENSIVE CARE UNIT	37,660	0	37,660	3,409	1,706	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	5,796	0	5,796	1,048	802	35.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,782	0	11,782	18,832	7,727	50.00
51.00 RECOVERY ROOM	2,291	0	2,291	195	81	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	593	0	593	436	138,051	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,052	0	8,485	843	24,129	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	3,198	0	659	10	6,541	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	659	0	766	1,955	27,145	58.00
59.00 CARDIAC CATHETERIZATION	671	0	671	148	1,150	59.00
60.00 LABORATORY	9,844	0	9,844	3,782	5,423	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	7,490	0	7,490	683	851	65.00
66.00 PHYSICAL THERAPY	2,966	0	0	138	31	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	2,946	0	2,918	80	0	68.00
69.00 ELECTROCARDIOLOGY	1,905	0	2,229	50	768	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,186	0	1,139	85	284	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,987	0	8,987	2,863,259	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	7,679	0	7,679	6,527	18,920,182	73.00
74.00 RENAL DIALYSIS	382	0	352	0	205	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	340	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	443	0	436	0	0	90.01
90.02 PAIN/PALLIATIVE CARE	698	0	698	118	48	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
90.03 DIABETIC CLINIC	853	0	0	122	526	90.03
90.04 GI CLINIC	2,072	0	2,053	43	862	90.04
90.05 CLINIC FOR SPECIAL NEEDS	756	0	765	99	91	90.05
90.06 DIETETICS	2,553	0	2,569	0	0	90.06
90.07 INFUSION ROOM	422	0	422	0	0	90.07
90.08 CARDIOLOGY CLINIC	1,340	0	1,340	56	266	90.08
90.09 PULMONARY CLINIC	522	0	550	97	4,285	90.09
90.10 ENT CLINIC	819	0	711	10	7,378	90.10
90.11 ORTHOPEDIC CLINIC	1,100	0	1,340	120	389	90.11
90.12 EYE CLINIC	343	0	1,082	4	4,854	90.12
90.13 ONCOLOGY CLINIC	2,072	0	2,072	712	0	90.13
90.14 SURGICAL SPECIALTIES	1,625	0	1,256	244	3,547	90.14
90.15 ALLERGY CLINIC	1,430	0	1,407	3	26,920	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	984	0	969	110	37,022	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	152	0	0	0	229	90.19
90.20 HEMATOLOGY CLINIC	390	0	0	0	0	90.20
90.21 SPINA BIFIDA	231	0	768	0	0	90.21
90.22 NEUROSCIENCES CLINIC	1,551	0	1,539	4	101	90.22
90.23 RHEUMATOLOGY CLINIC	372	0	366	40	1,658	90.23
90.24 ENDOCRINE CLINIC	307	0	302	0	0	90.24
90.25 RENAL CLINIC	343	0	0	0	0	90.25
90.26 GREENWAY CLINIC	0	0	896	224	479	90.26
90.27 NEW BERLIN CLINIC	7,767	0	9,027	402	62,409	90.27
91.00 EMERGENCY	0	0	7,767	4,028	11,041	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	59	0	20	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	2,048	0	2,033	101	0	98.00
98.01 TRANSPORT	2,525	0	2,525	324	0	98.01
98.02 GENETICS CENTER	1,143	0	1,125	76	224	98.02
98.03 NUCLEAR MEDICINE	238	0	0	6	294	98.03
98.04 CHILD DEVELOPMENT	222	0	1,581	0	0	98.04
98.05 CHILD PROTECTION CENTER	1,464	0	1,450	116	64,184	98.05
98.06 DENTAL SRVC	2,470	0	3,711	5,604	930	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	246	0	247	0	496	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	200,987	0	210,121	2,918,547	19,369,835	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	12,553	0	190.00
191.00 RESEARCH	1,438	0	2,852	1,007	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	84	0	194.00
194.01 POISON CENTER	1,421	0	1,421	0	0	194.01
194.02 PUBLIC RELATIONS	1,527	0	0	0	0	194.02
194.03 OUTREACH	2,075	0	323	0	468	194.03
194.04 OTHER OFFSITE CLINICS	76	0	46	18	3,090	194.04
194.05 CHILDREN'S SPECIALTY GROUP	491	0	0	533	0	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06
194.07 NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08 ADOLESCENT MEDICINE	172	0	171	4,327	5,225	194.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,732,238	0	8,855,405	8,481,300	11,303,097	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.320587	0.000000	41.200578	2.887675	0.583277	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	786,077	0	298,820	150,840	198,069	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.775822	0.000000	1.390287	0.051357	0.010221	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	858,395,146					16.00
17.00 SOCIAL SERVICE	0	15,654				17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	91,162,519	5,685	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	128,487,116	1,676	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	27,265,471	383	0	0	0	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	34,477,556	22	0	0	0	50.00
51.00 RECOVERY ROOM	10,911,086	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	6,203,610	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	34,873,688	51	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	9,434,796	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	18,113,460	43	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	6,051,217	0	0	0	0	59.00
60.00 LABORATORY	104,793,828	25	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	15,667,043	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	33,803,855	8	0	0	0	65.00
66.00 PHYSICAL THERAPY	10,867,470	523	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	6,193,361	54	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	7,274,824	86	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	5,472,480	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	122,239,357	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	110,004,747	0	0	0	0	73.00
74.00 RENAL DIALYSIS	2,131,161	208	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	29,920	59	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
90.02 PAIN/PALLIATIVE CARE	220,858	16	0	0	0	90.02
90.03 DIABETIC CLINIC	1,374,914	459	0	0	0	90.03
90.04 GI CLINIC	2,365,469	0	0	0	0	90.04
90.05 CLINIC FOR SPECIAL NEEDS	344,123	511	0	0	0	90.05
90.06 DIETETICS	665,781	0	0	0	0	90.06
90.07 INFUSION ROOM	2,889,148	0	0	0	0	90.07
90.08 CARDIOLOGY CLINIC	1,913,205	817	0	0	0	90.08
90.09 PULMONARY CLINIC	602,898	532	0	0	0	90.09
90.10 ENT CLINIC	1,378,947	87	0	0	0	90.10
90.11 ORTHOPEDIC CLINIC	1,977,564	0	0	0	0	90.11
90.12 EYE CLINIC	645,689	65	0	0	0	90.12
90.13 ONCOLOGY CLINIC	3,992,578	234	0	0	0	90.13
90.14 SURGICAL SPECIALTIES	1,608,250	53	0	0	0	90.14
90.15 ALLERGY CLINIC	1,704,835	133	0	0	0	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	1,259,232	122	0	0	0	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	386,201	29	0	0	0	90.19
90.20 HEMATOLOGY CLINIC	452,496	23	0	0	0	90.20
90.21 SPINA BIFIDA	216,989	0	0	0	0	90.21
90.22 NEUROSCIENCES CLINIC	859,319	512	0	0	0	90.22
90.23 RHEUMATOLOGY CLINIC	369,774	114	0	0	0	90.23
90.24 ENDOCRINE CLINIC	448,576	28	0	0	0	90.24
90.25 RENAL CLINIC	291,864	80	0	0	0	90.25
90.26 GREENWAY CLINIC	1,971,083	0	0	0	0	90.26
90.27 NEW BERLIN CLINIC	5,310,415	0	0	0	0	90.27
91.00 EMERGENCY	16,898,388	2,371	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	296,644	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	2,531,431	46	0	0	0	98.00
98.01 TRANSPORT	6,710,044	0	0	0	0	98.01
98.02 GENETICS CENTER	636,962	149	0	0	0	98.02
98.03 NUCLEAR MEDICINE	2,000,503	0	0	0	0	98.03
98.04 CHILD DEVELOPMENT	482,502	41	0	0	0	98.04
98.05 CHILD PROTECTION CENTER	1,242,869	2	0	0	0	98.05
98.06 DENTAL SRVC	5,274,866	16	0	0	0	98.06
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	974,164	267	0	0	0	105.00
106.00 HEART ACQUISITION	1,555,118	0	0	0	0	106.00
107.00 LIVER ACQUISITION	186,862	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	857,499,126	15,530	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	25,781	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 DOWNTOWN HEALTH CENTER	0	0	0	0	0	194.00
194.01 POISON CENTER	0	0	0	0	0	194.01
194.02 PUBLIC RELATIONS	0	0	0	0	0	194.02
194.03 OUTREACH	0	0	0	0	0	194.03
194.04 OTHER OFFSITE CLINICS	649,273	0	0	0	0	194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0	0	0	194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	
			18.00			
194.07 NORTH SHORE CLINIC	0	0	0	0	0	194.07
194.08 ADOLESCENT MEDICINE	220,966	124	0	0	0	194.08
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,996,125	3,526,738	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.008150	225.293088	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	397,370	289,645	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000463	18.502939	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	418,367				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		418,367			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	108,786	108,786	0		30.00
31.00 INTENSIVE CARE UNIT	54,256	54,256	0		31.00
32.00 CORONARY CARE UNIT	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
35.00 OTHER SPECIAL CARE HOT UNIT	16,381	16,381	0		35.00
40.00 SUBPROVIDER - IPF	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	39,002	39,002	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	23,556	23,556	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,433	5,433	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	2,273	2,273	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	2,763	2,763	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	10,266	10,266	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	6,271	6,271	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 ID PRIM CARE SUPP NETWORK	189	189	0		90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
90.02 PAIN/PALLIATIVE CARE	0	0	0		90.02
90.03 DIABETIC CLINIC	0	0	0		90.03
90.04 GI CLINIC	14,326	14,326	0		90.04
90.05 CLINIC FOR SPECIAL NEEDS	0	0	0		90.05
90.06 DIETETICS	0	0	0		90.06
90.07 INFUSION ROOM	0	0	0		90.07
90.08 CARDIOLOGY CLINIC	5,122	5,122	0		90.08
90.09 PULMONARY CLINIC	3,462	3,462	0		90.09
90.10 ENT CLINIC	5,824	5,824	0		90.10
90.11 ORTHOPEDIC CLINIC	0	0	0		90.11
90.12 EYE CLINIC	1,652	1,652	0		90.12
90.13 ONCOLOGY CLINIC	0	0	0		90.13
90.14 SURGICAL SPECIALTIES	2,006	2,006	0		90.14
90.15 ALLERGY CLINIC	7,006	7,006	0		90.15
90.16 LASER CLINIC	0	0	0		90.16
90.17 DERMATOLOGY CLINIC	8,947	8,947	0		90.17
90.18 CLINIC ADMINISTRATION	0	0	0		90.18
90.19 CRANIOFACIAL CENTER	0	0	0		90.19
90.20 HEMATOLOGY CLINIC	0	0	0		90.20
90.21 SPINA BIFIDA	0	0	0		90.21
90.22 NEUROSCIENCES CLINIC	0	0	0		90.22
90.23 RHEUMATOLOGY CLINIC	3,431	3,431	0		90.23
90.24 ENDOCRINE CLINIC	5,841	5,841	0		90.24
90.25 RENAL CLINIC	7,879	7,879	0		90.25
90.26 GREENWAY CLINIC	0	0	0		90.26
90.27 NEW BERLIN CLINIC	0	0	0		90.27
91.00 EMERGENCY	36,931	36,931	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 PSYCHIATRY - OFFICE BLDG	8,105	8,105	0		98.00
98.01 TRANSPORT	0	0	0		98.01
98.02 GENETICS CENTER	1,977	1,977	0		98.02
98.03 NUCLEAR MEDICINE	0	0	0		98.03
98.04 CHILD DEVELOPMENT	5,460	5,460	0		98.04
98.05 CHILD PROTECTION CENTER	9,285	9,285	0		98.05
98.06 DENTAL SRVC	15,891	15,891	0		98.06
99.00 CMHC	0	0	0		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
114.00 UTILIZATION REVIEW-SNF					114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
117.00 OTHER CAPITAL RELATED COSTS	0	0	0		117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	412,321	412,321	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 DOWNTOWN HEALTH CENTER	5,027	5,027	0		194.00
194.01 POISON CENTER	0	0	0		194.01
194.02 PUBLIC RELATIONS	0	0	0		194.02
194.03 OUTREACH	0	0	0		194.03
194.04 OTHER OFFSITE CLINICS	0	0	0		194.04
194.05 CHILDREN'S SPECIALTY GROUP	0	0	0		194.05
194.06 EAST SIDE SPEECH AND HEARING	0	0	0		194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

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

Worksheet B-1
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	21.00	22.00		
194.07 NORTH SHORE CLINIC	0	0	0	194.07
194.08 ADOLESCENT MEDICINE	1,019	1,019	0	194.08
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	20,097,834	5,996,496	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	48.038765	14.333100	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	414,355	103,011	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.990410	0.246222	0.000000	205.00

Provider CCN: 523300

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

Worksheet B-2

Date/Time Prepared:
 7/2/2012 2:04 pm

	Description	Worksheet		Amount	
		Part	Line No.		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	2.00	3.00	74.00	0 1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM			94.00	0 2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS			74.00	0 3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM			94.00	0 4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XVIII		Hospital		Tefra	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	49,484,665		49,484,665	0	0	30.00
31.00	INTENSIVE CARE UNIT	52,833,328		52,833,328	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	13,248,262		13,248,262	0	0	35.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,214,913		8,214,913	0	0	50.00
51.00	RECOVERY ROOM	3,444,461		3,444,461	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	1,678,234		1,678,234	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,934,279		21,934,279	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,343,759		1,343,759	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,577,788		2,577,788	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,835,435		2,835,435	0	0	59.00
60.00	LABORATORY	28,518,631		28,518,631	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,468,523		8,468,523	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,421,610	0	9,421,610	0	0	65.00
66.00	PHYSICAL THERAPY	5,108,221	0	5,108,221	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	4,350,430	0	4,350,430	0	0	68.00
69.00	ELECTROCARDIOLOGY	7,736,826		7,736,826	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,595,496		1,595,496	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,862,332		43,862,332	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,869,170		12,869,170	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,159,015		37,159,015	0	0	73.00
74.00	RENAL DIALYSIS	913,098		913,098	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	14,008		14,008	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	1,111,332		1,111,332	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	1,406,857		1,406,857	0	0	90.02
90.03	DIABETIC CLINIC	1,437,817		1,437,817	0	0	90.03
90.04	GI CLINIC	3,682,564		3,682,564	0	0	90.04
90.05	CLINIC FOR SPECIAL NEEDS	1,342,150		1,342,150	0	0	90.05
90.06	DIETETICS	2,276,442		2,276,442	0	0	90.06
90.07	INFUSION ROOM	699,660		699,660	0	0	90.07
90.08	CARDIOLOGY CLINIC	1,883,719		1,883,719	0	0	90.08
90.09	PULMONARY CLINIC	887,350		887,350	0	0	90.09
90.10	ENT CLINIC	1,315,474		1,315,474	0	0	90.10
90.11	ORTHOPEDIC CLINIC	1,770,519		1,770,519	0	0	90.11
90.12	EYE CLINIC	456,146		456,146	0	0	90.12
90.13	ONCOLOGY CLINIC	3,078,268		3,078,268	0	0	90.13
90.14	SURGICAL SPECIALTIES	1,788,256		1,788,256	0	0	90.14
90.15	ALLERGY CLINIC	2,140,563		2,140,563	0	0	90.15
90.16	LASER CLINIC	0		0	0	0	90.16
90.17	DERMATOLOGY CLINIC	1,318,507		1,318,507	0	0	90.17
90.18	CLINIC ADMINISTRATION	0		0	0	0	90.18
90.19	CRANIOFACIAL CENTER	357,795		357,795	0	0	90.19
90.20	HEMATOLOGY CLINIC	724,580		724,580	0	0	90.20
90.21	SPINAL/FIDA	544,703		544,703	0	0	90.21
90.22	NEUROSCIENCES CLINIC	2,020,841		2,020,841	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	654,166		654,166	0	0	90.23
90.24	ENDOCRINE CLINIC	588,647		588,647	0	0	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XVIII		Hospital		Tefra		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
			1.00	2.00	3.00		4.00	5.00
90.25	RENAL CLINIC		317,506		317,506	0	0	90.25
90.26	GREENWAY CLINIC		1,422,711		1,422,711	0	0	90.26
90.27	NEW BERLIN CLINIC		7,749,759		7,749,759	0	0	90.27
91.00	EMERGENCY		11,248,041		11,248,041	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS		280,541		280,541	0	0	94.00
95.00	AMBULANCE SERVICES		0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0		0	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG		3,359,767		3,359,767	0	0	98.00
98.01	TRANSPORT		6,768,414		6,768,414	0	0	98.01
98.02	GENETICS CENTER		2,041,051		2,041,051	0	0	98.02
98.03	NUCLEAR MEDICINE		1,021,003		1,021,003	0	0	98.03
98.04	CHILD DEVELOPMENT		872,279		872,279	0	0	98.04
98.05	CHILD PROTECTION CENTER		2,365,596		2,365,596	0	0	98.05
98.06	DENTAL SRVC		4,795,220		4,795,220	0	0	98.06
99.00	CMHC		0		0	0	0	99.00
99.10	CORF		0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0		0	0	0	100.00
101.00	HOME HEALTH AGENCY		0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION		930,926		930,926		0	105.00
106.00	HEART ACQUISITION		1,223,959		1,223,959		0	106.00
107.00	LIVER ACQUISITION		188,181		188,181		0	107.00
108.00	LUNG ACQUISITION		0		0		0	108.00
109.00	PANCREAS ACQUISITION		0		0		0	109.00
110.00	INTESTINAL ACQUISITION		0		0		0	110.00
111.00	ISLET ACQUISITION		0		0		0	111.00
113.00	INTEREST EXPENSE							113.00
114.00	UTILIZATION REVIEW-SNF							114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0		0		0	115.00
116.00	HOSPICE		0		0		0	116.00
117.00	OTHER CAPITAL RELATED COSTS		0		0		0	117.00
200.00	Subtotal (see instructions)		393,683,794	0	393,683,794	0	0	200.00
201.00	Less Observation Beds		0		0		0	201.00
202.00	Total (see instructions)		393,683,794	0	393,683,794	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm	
			Title XVIIII	Hospital	Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	91,162,519		91,162,519		30.00
31.00	INTENSIVE CARE UNIT	128,487,116		128,487,116		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	27,765,471		27,765,471		35.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - I RF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,581,973	5,895,583	34,477,556	0.238268	50.00
51.00	RECOVERY ROOM	3,011,781	7,899,306	10,911,087	0.315684	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	2,740,135	3,463,475	6,203,610	0.270525	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,782,156	23,091,532	34,873,688	0.628964	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	3,445,296	5,989,499	9,434,795	0.142426	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,255,439	12,858,021	18,113,460	0.142313	58.00
59.00	CARDIAC CATHETERIZATION	1,925,550	4,125,667	6,051,217	0.468573	59.00
60.00	LABORATORY	56,023,956	48,769,871	104,793,827	0.272140	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,983,624	6,683,419	15,667,043	0.540531	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	28,949,627	4,854,228	33,803,855	0.278714	65.00
66.00	PHYSICAL THERAPY	4,537,206	6,330,264	10,867,470	0.470047	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,613,552	4,579,810	6,193,362	0.702434	68.00
69.00	ELECTROCARDIOLOGY	2,142,523	5,132,301	7,274,824	1.063507	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,370,319	1,102,162	5,472,481	0.291549	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,728,114	34,511,243	122,239,357	0.358823	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,790,656	0	14,790,656	0.870088	72.00
73.00	DRUGS CHARGED TO PATIENTS	67,007,952	28,206,139	95,214,091	0.390268	73.00
74.00	RENAL DIALYSIS	698,406	1,432,755	2,131,161	0.428451	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	16,837	16,837	0.831977	90.00
90.01	ID PRIM CARE SUPP NETWORK	0	29,920	29,920	37.143449	90.01
90.02	PAIN/PALLIATIVE CARE	0	220,858	220,858	6.369962	90.02
90.03	DIABETIC CLINIC	1,722	1,373,192	1,374,914	1.045750	90.03
90.04	GI CLINIC	330,997	2,034,472	2,365,469	1.556801	90.04
90.05	CLINIC FOR SPECIAL NEEDS	668	343,455	344,123	3.900204	90.05
90.06	DIETETICS	459,786	205,996	665,782	3.419200	90.06
90.07	INFUSION ROOM	9,064	2,880,085	2,889,149	0.242168	90.07
90.08	CARDIOLOGY CLINIC	141,636	1,771,570	1,913,206	0.984588	90.08
90.09	PULMONARY CLINIC	9,575	593,323	602,898	1.471808	90.09
90.10	ENT CLINIC	5,684	1,373,263	1,378,947	0.953970	90.10
90.11	ORTHOPEDIC CLINIC	6,272	1,971,292	1,977,564	0.895303	90.11
90.12	EYE CLINIC	511	645,179	645,690	0.706447	90.12
90.13	ONCOLOGY CLINIC	425,454	3,567,124	3,992,578	0.770998	90.13
90.14	SURGICAL SPECIALTIES	15,928	1,592,321	1,608,249	1.111927	90.14
90.15	ALLERGY CLINIC	643	1,704,193	1,704,836	1.255583	90.15
90.16	LASER CLINIC	0	0	0	0.000000	90.16
90.17	DERMATOLOGY CLINIC	2,019	1,257,213	1,259,232	1.047072	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0.000000	90.18
90.19	CRANIOFACIAL CENTER	2,691	383,510	386,201	0.926448	90.19
90.20	HEMATOLOGY CLINIC	1,308	451,188	452,496	1.601296	90.20
90.21	SPIROBIOTICA	996	215,993	216,989	2.510279	90.21
90.22	NEUROSCIENCES CLINIC	7,602	851,718	859,320	2.351675	90.22
90.23	RHEUMATOLOGY CLINIC	1,952	367,822	369,774	1.769097	90.23
90.24	ENDOCRINE CLINIC	546	448,030	448,576	1.312257	90.24
90.25	RENAL CLINIC	1,454	290,411	291,865	1.087852	90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XVIII			Hospital	Tefra	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
90.26 GREENWAY CLINIC	96	1,970,986	1,971,082	0.721792	0.721792	90.26	
90.27 NEW BERLIN CLINIC	4,356	5,306,058	5,310,414	1.459351	1.459351	90.27	
91.00 EMERGENCY	2,206,483	14,691,906	16,898,389	0.665628	0.665628	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	296,644	296,644	0.945716	0.945716	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00	
98.00 PSYCHIATRY - OFFICE BLDG	190,446	2,340,985	2,531,431	1.327220	1.327220	98.00	
98.01 TRANSPORT	5,630,792	1,079,252	6,710,044	1.008699	1.008699	98.01	
98.02 GENETICS CENTER	35,202	601,761	636,963	3.204348	3.204348	98.02	
98.03 NUCLEAR MEDICINE	318,788	1,681,715	2,000,503	0.510373	0.510373	98.03	
98.04 CHILD DEVELOPMENT	305	482,197	482,502	1.807825	1.807825	98.04	
98.05 CHILD PROTECTION CENTER	0	1,242,869	1,242,869	1.903335	1.903335	98.05	
98.06 DENTAL SRVC	0	5,274,866	5,274,866	0.909070	0.909070	98.06	
99.00 CMHC	0	0	0			99.00	
99.10 CORF	0	0	0			99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00 HOME HEALTH AGENCY	0	0	0			101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	968,782	7,984	976,766			105.00	
106.00 HEART ACQUISITION	1,547,105	8,013	1,555,118			106.00	
107.00 LIVER ACQUISITION	185,729	1,134	186,863			107.00	
108.00 LUNG ACQUISITION	0	0	0			108.00	
109.00 PANCREAS ACQUISITION	0	0	0			109.00	
110.00 INTESTINAL ACQUISITION	0	0	0			110.00	
111.00 ISLET ACQUISITION	0	0	0			111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00 HOSPICE	0	0	0			116.00	
117.00 OTHER CAPITAL RELATED COSTS	0	0	0			117.00	
200.00 Subtotal (see instructions)	593,517,963	264,500,610	858,018,573			200.00	
201.00 Less Observation Beds						201.00	
202.00 Total (see instructions)	593,517,963	264,500,610	858,018,573			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		Tefra
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	OTHER SPECIAL CARE HOT UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
90.01	ID PRIM CARE SUPP NETWORK	0.000000		90.01
90.02	PAIN/PALLIATIVE CARE	0.000000		90.02
90.03	DIABETIC CLINIC	0.000000		90.03
90.04	GI CLINIC	0.000000		90.04
90.05	CLINIC FOR SPECIAL NEEDS	0.000000		90.05
90.06	DIETETICS	0.000000		90.06
90.07	INFUSION ROOM	0.000000		90.07
90.08	CARDIOLOGY CLINIC	0.000000		90.08
90.09	PULMONARY CLINIC	0.000000		90.09
90.10	ENT CLINIC	0.000000		90.10
90.11	ORTHOPEDIC CLINIC	0.000000		90.11
90.12	EYE CLINIC	0.000000		90.12
90.13	ONCOLOGY CLINIC	0.000000		90.13
90.14	SURGICAL SPECIALTIES	0.000000		90.14
90.15	ALLERGY CLINIC	0.000000		90.15
90.16	LASER CLINIC	0.000000		90.16
90.17	DERMATOLOGY CLINIC	0.000000		90.17
90.18	CLINIC ADMINISTRATION	0.000000		90.18
90.19	CRANIOFACIAL CENTER	0.000000		90.19
90.20	HEMATOLOGY CLINIC	0.000000		90.20
90.21	SPI NABI FIDA	0.000000		90.21
90.22	NEUROSCIENCES CLINIC	0.000000		90.22
90.23	RHEUMATOLOGY CLINIC	0.000000		90.23
90.24	ENDOCRINE CLINIC	0.000000		90.24
90.25	RENAL CLINIC	0.000000		90.25
90.26	GREENWAY CLINIC	0.000000		90.26
90.27	NEW BERLIN CLINIC	0.000000		90.27

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
	Title XVIII	Hospital	Tefra

Cost Center Description		PPS Inpatient Ratio	
		11.00	
91.00	EMERGENCY	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	AMBULANCE SERVICES	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	PSYCHIATRY - OFFICE BLDG	0.000000	98.00
98.01	TRANSPORT	0.000000	98.01
98.02	GENETICS CENTER	0.000000	98.02
98.03	NUCLEAR MEDICINE	0.000000	98.03
98.04	CHILD DEVELOPMENT	0.000000	98.04
98.05	CHILD PROTECTION CENTER	0.000000	98.05
98.06	DENTAL SRVC	0.000000	98.06
99.00	CMHC		99.00
99.10	CORF		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION		105.00
106.00	HEART ACQUISITION		106.00
107.00	LIVER ACQUISITION		107.00
108.00	LUNG ACQUISITION		108.00
109.00	PANCREAS ACQUISITION		109.00
110.00	INTESTINAL ACQUISITION		110.00
111.00	ISLET ACQUISITION		111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	HOSPICE		116.00
117.00	OTHER CAPITAL RELATED COSTS		117.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	49,484,665		49,484,665	0	0	30.00
31.00	INTENSIVE CARE UNIT	52,833,328		52,833,328	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	13,248,262		13,248,262	0	0	35.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,214,913		8,214,913	0	0	50.00
51.00	RECOVERY ROOM	3,444,461		3,444,461	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	1,678,234		1,678,234	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,934,279		21,934,279	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,343,759		1,343,759	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,577,788		2,577,788	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,835,435		2,835,435	0	0	59.00
60.00	LABORATORY	28,518,631		28,518,631	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,468,523		8,468,523	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,421,610	0	9,421,610	0	0	65.00
66.00	PHYSICAL THERAPY	5,108,221	0	5,108,221	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	4,350,430	0	4,350,430	0	0	68.00
69.00	ELECTROCARDIOLOGY	7,736,826		7,736,826	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,595,496		1,595,496	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,862,332		43,862,332	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,869,170		12,869,170	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,159,015		37,159,015	0	0	73.00
74.00	RENAL DIALYSIS	913,098		913,098	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	14,008		14,008	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	1,111,332		1,111,332	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	1,406,857		1,406,857	0	0	90.02
90.03	DIABETIC CLINIC	1,437,817		1,437,817	0	0	90.03
90.04	GI CLINIC	3,682,564		3,682,564	0	0	90.04
90.05	CLINIC FOR SPECIAL NEEDS	1,342,150		1,342,150	0	0	90.05
90.06	DIETETICS	2,276,442		2,276,442	0	0	90.06
90.07	INFUSION ROOM	699,660		699,660	0	0	90.07
90.08	CARDIOLOGY CLINIC	1,883,719		1,883,719	0	0	90.08
90.09	PULMONARY CLINIC	887,350		887,350	0	0	90.09
90.10	ENT CLINIC	1,315,474		1,315,474	0	0	90.10
90.11	ORTHOPEDIC CLINIC	1,770,519		1,770,519	0	0	90.11
90.12	EYE CLINIC	456,146		456,146	0	0	90.12
90.13	ONCOLOGY CLINIC	3,078,268		3,078,268	0	0	90.13
90.14	SURGICAL SPECIALTIES	1,788,256		1,788,256	0	0	90.14
90.15	ALLERGY CLINIC	2,140,563		2,140,563	0	0	90.15
90.16	LASER CLINIC	0		0	0	0	90.16
90.17	DERMATOLOGY CLINIC	1,318,507		1,318,507	0	0	90.17
90.18	CLINIC ADMINISTRATION	0		0	0	0	90.18
90.19	CRANIOFACIAL CENTER	357,795		357,795	0	0	90.19
90.20	HEMATOLOGY CLINIC	724,580		724,580	0	0	90.20
90.21	SPINAL/FIDA	544,703		544,703	0	0	90.21
90.22	NEUROSCIENCES CLINIC	2,020,841		2,020,841	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	654,166		654,166	0	0	90.23
90.24	ENDOCRINE CLINIC	588,647		588,647	0	0	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	4.00	5.00		
90.25 RENAL CLINIC	317,506		317,506	0	0	90.25	
90.26 GREENWAY CLINIC	1,422,711		1,422,711	0	0	90.26	
90.27 NEW BERLIN CLINIC	7,749,759		7,749,759	0	0	90.27	
91.00 EMERGENCY	11,248,041		11,248,041	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	280,541		280,541	0	0	94.00	
95.00 AMBULANCE SERVICES	0		0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00 PSYCHIATRY - OFFICE BLDG	3,359,767		3,359,767	0	0	98.00	
98.01 TRANSPORT	6,768,414		6,768,414	0	0	98.01	
98.02 GENETICS CENTER	2,041,051		2,041,051	0	0	98.02	
98.03 NUCLEAR MEDICINE	1,021,003		1,021,003	0	0	98.03	
98.04 CHILD DEVELOPMENT	872,279		872,279	0	0	98.04	
98.05 CHILD PROTECTION CENTER	2,365,596		2,365,596	0	0	98.05	
98.06 DENTAL SRVC	4,795,220		4,795,220	0	0	98.06	
99.00 CMHC	0		0	0	0	99.00	
99.10 CORF	0		0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	930,926		930,926		0	105.00	
106.00 HEART ACQUISITION	1,223,959		1,223,959		0	106.00	
107.00 LIVER ACQUISITION	188,181		188,181		0	107.00	
108.00 LUNG ACQUISITION	0		0		0	108.00	
109.00 PANCREAS ACQUISITION	0		0		0	109.00	
110.00 INTESTINAL ACQUISITION	0		0		0	110.00	
111.00 ISLET ACQUISITION	0		0		0	111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00 HOSPICE	0		0		0	116.00	
117.00 OTHER CAPITAL RELATED COSTS	0		0		0	117.00	
200.00 Subtotal (see instructions)	393,683,794	0	393,683,794	0	0	200.00	
201.00 Less Observation Beds	0		0		0	201.00	
202.00 Total (see instructions)	393,683,794	0	393,683,794	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XIX			Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	91,162,519		91,162,519		30.00
31.00	INTENSIVE CARE UNIT	128,487,116		128,487,116		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
35.00	OTHER SPECIAL CARE HOT UNIT	27,765,471		27,765,471		35.00
40.00	SUBPROVIDER - I PF	0		0		40.00
41.00	SUBPROVIDER - I RF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	0		0		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,581,973	5,895,583	34,477,556	0.238268	50.00
51.00	RECOVERY ROOM	3,011,781	7,899,306	10,911,087	0.315684	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	ANESTHESIOLOGY	2,740,135	3,463,475	6,203,610	0.270525	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,782,156	23,091,532	34,873,688	0.628964	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	3,445,296	5,989,499	9,434,795	0.142426	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,255,439	12,858,021	18,113,460	0.142313	58.00
59.00	CARDIAC CATHETERIZATION	1,925,550	4,125,667	6,051,217	0.468573	59.00
60.00	LABORATORY	56,023,956	48,769,871	104,793,827	0.272140	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,983,624	6,683,419	15,667,043	0.540531	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	28,949,627	4,854,228	33,803,855	0.278714	65.00
66.00	PHYSICAL THERAPY	4,537,206	6,330,264	10,867,470	0.470047	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,613,552	4,579,810	6,193,362	0.702434	68.00
69.00	ELECTROCARDIOLOGY	2,142,523	5,132,301	7,274,824	1.063507	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,370,319	1,102,162	5,472,481	0.291549	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,728,114	34,511,243	122,239,357	0.358823	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,790,656	0	14,790,656	0.870088	72.00
73.00	DRUGS CHARGED TO PATIENTS	67,007,952	28,206,139	95,214,091	0.390268	73.00
74.00	RENAL DIALYSIS	698,406	1,432,755	2,131,161	0.428451	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	16,837	16,837	0.831977	90.00
90.01	ID PRIM CARE SUPP NETWORK	0	29,920	29,920	37.143449	90.01
90.02	PAIN/PALLIATIVE CARE	0	220,858	220,858	6.369962	90.02
90.03	DIABETIC CLINIC	1,722	1,373,192	1,374,914	1.045750	90.03
90.04	GI CLINIC	330,997	2,034,472	2,365,469	1.556801	90.04
90.05	CLINIC FOR SPECIAL NEEDS	668	343,455	344,123	3.900204	90.05
90.06	DIETETICS	459,786	205,996	665,782	3.419200	90.06
90.07	INFUSION ROOM	9,064	2,880,085	2,889,149	0.242168	90.07
90.08	CARDIOLOGY CLINIC	141,636	1,771,570	1,913,206	0.984588	90.08
90.09	PULMONARY CLINIC	9,575	593,323	602,898	1.471808	90.09
90.10	ENT CLINIC	5,684	1,373,263	1,378,947	0.953970	90.10
90.11	ORTHOPEDIC CLINIC	6,272	1,971,292	1,977,564	0.895303	90.11
90.12	EYE CLINIC	511	645,179	645,690	0.706447	90.12
90.13	ONCOLOGY CLINIC	425,454	3,567,124	3,992,578	0.770998	90.13
90.14	SURGICAL SPECIALTIES	15,928	1,592,321	1,608,249	1.111927	90.14
90.15	ALLERGY CLINIC	643	1,704,193	1,704,836	1.255583	90.15
90.16	LASER CLINIC	0	0	0	0.000000	90.16
90.17	DERMATOLOGY CLINIC	2,019	1,257,213	1,259,232	1.047072	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0.000000	90.18
90.19	CRANIOFACIAL CENTER	2,691	383,510	386,201	0.926448	90.19
90.20	HEMATOLOGY CLINIC	1,308	451,188	452,496	1.601296	90.20
90.21	SPIROBIOTICA	996	215,993	216,989	2.510279	90.21
90.22	NEUROSCIENCES CLINIC	7,602	851,718	859,320	2.351675	90.22
90.23	RHEUMATOLOGY CLINIC	1,952	367,822	369,774	1.769097	90.23
90.24	ENDOCRINE CLINIC	546	448,030	448,576	1.312257	90.24
90.25	RENAL CLINIC	1,454	290,411	291,865	1.087852	90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient					
	6.00	7.00	8.00				
90.26	GREENWAY CLINIC	96	1,970,986	1,971,082	0.721792	0.000000	90.26
90.27	NEW BERLIN CLINIC	4,356	5,306,058	5,310,414	1.459351	0.000000	90.27
91.00	EMERGENCY	2,206,483	14,691,906	16,898,389	0.665628	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	296,644	296,644	0.945716	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	PSYCHIATRY - OFFICE BLDG	190,446	2,340,985	2,531,431	1.327220	0.000000	98.00
98.01	TRANSPORT	5,630,792	1,079,252	6,710,044	1.008699	0.000000	98.01
98.02	GENETICS CENTER	35,202	601,761	636,963	3.204348	0.000000	98.02
98.03	NUCLEAR MEDICINE	318,788	1,681,715	2,000,503	0.510373	0.000000	98.03
98.04	CHILD DEVELOPMENT	305	482,197	482,502	1.807825	0.000000	98.04
98.05	CHILD PROTECTION CENTER	0	1,242,869	1,242,869	1.903335	0.000000	98.05
98.06	DENTAL SRVC	0	5,274,866	5,274,866	0.909070	0.000000	98.06
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	968,782	7,984	976,766			105.00
106.00	HEART ACQUISITION	1,547,105	8,013	1,555,118			106.00
107.00	LIVER ACQUISITION	185,729	1,134	186,863			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00	Subtotal (see instructions)	593,517,963	264,500,610	858,018,573			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	593,517,963	264,500,610	858,018,573			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	OTHER SPECIAL CARE HOT UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	ID PRIM CARE SUPP NETWORK	0.000000		90.01
90.02	PAIN/PALLIATIVE CARE	0.000000		90.02
90.03	DIABETIC CLINIC	0.000000		90.03
90.04	GI CLINIC	0.000000		90.04
90.05	CLINIC FOR SPECIAL NEEDS	0.000000		90.05
90.06	DIETETICS	0.000000		90.06
90.07	INFUSION ROOM	0.000000		90.07
90.08	CARDIOLOGY CLINIC	0.000000		90.08
90.09	PULMONARY CLINIC	0.000000		90.09
90.10	ENT CLINIC	0.000000		90.10
90.11	ORTHOPEDIC CLINIC	0.000000		90.11
90.12	EYE CLINIC	0.000000		90.12
90.13	ONCOLOGY CLINIC	0.000000		90.13
90.14	SURGICAL SPECIALTIES	0.000000		90.14
90.15	ALLERGY CLINIC	0.000000		90.15
90.16	LASER CLINIC	0.000000		90.16
90.17	DERMATOLOGY CLINIC	0.000000		90.17
90.18	CLINIC ADMINISTRATION	0.000000		90.18
90.19	CRANIOFACIAL CENTER	0.000000		90.19
90.20	HEMATOLOGY CLINIC	0.000000		90.20
90.21	SPIRITUALITY	0.000000		90.21
90.22	NEUROSCIENCES CLINIC	0.000000		90.22
90.23	RHEUMATOLOGY CLINIC	0.000000		90.23
90.24	ENDOCRINE CLINIC	0.000000		90.24
90.25	RENAL CLINIC	0.000000		90.25
90.26	GREENWAY CLINIC	0.000000		90.26
90.27	NEW BERLIN CLINIC	0.000000		90.27

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
	Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
	11.00		
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00 AMBULANCE SERVICES	0.000000		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00 PSYCHIATRY - OFFICE BLDG	0.000000		98.00
98.01 TRANSPORT	0.000000		98.01
98.02 GENETICS CENTER	0.000000		98.02
98.03 NUCLEAR MEDICINE	0.000000		98.03
98.04 CHILD DEVELOPMENT	0.000000		98.04
98.05 CHILD PROTECTION CENTER	0.000000		98.05
98.06 DENTAL SRVC	0.000000		98.06
99.00 CMHC			99.00
99.10 CORF			99.10
100.00 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION			105.00
106.00 HEART ACQUISITION			106.00
107.00 LIVER ACQUISITION			107.00
108.00 LUNG ACQUISITION			108.00
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET ACQUISITION			111.00
113.00 INTEREST EXPENSE			113.00
114.00 UTILIZATION REVIEW-SNF			114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00 HOSPICE			116.00
117.00 OTHER CAPITAL RELATED COSTS			117.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	Title XIX Hospital Cost				
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	10,647,541	2,940,459	7,707,082	294,046	0
51.00 RECOVERY ROOM	3,444,461	270,147	3,174,314	27,015	0
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 ANESTHESIOLOGY	3,147,466	377,954	2,769,512	37,795	0
54.00 RADIOLOGY-DIAGNOSTIC	22,273,146	5,119,928	17,153,218	511,993	0
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 RADIOISOTOPE	0	0	0	0	0
57.00 CT SCAN	1,343,759	38,658	1,305,101	3,866	0
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,577,788	268,343	2,309,445	26,834	0
59.00 CARDIAC CATHETERIZATION	2,835,435	317,753	2,517,682	31,775	0
60.00 LABORATORY	28,660,402	2,055,549	26,604,853	205,555	0
60.01 BLOOD LABORATORY	0	0	0	0	0
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 BLOOD STORING, PROCESSING & TRANS.	8,468,523	265,949	8,202,574	26,595	0
64.00 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 RESPIRATORY THERAPY	9,421,610	705,566	8,716,044	70,557	0
66.00 PHYSICAL THERAPY	5,280,554	861,496	4,419,058	86,150	0
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 SPEECH PATHOLOGY	4,350,430	449,876	3,900,554	44,988	0
69.00 ELECTROCARDIOLOGY	8,377,136	1,126,845	7,250,291	112,685	0
70.00 ELECTROENCEPHALOGRAPHY	1,986,630	221,341	1,765,289	22,134	0
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,862,332	2,030,231	41,832,101	203,023	0
72.00 IMPL. DEV. CHARGED TO PATIENTS	12,869,170	219,501	12,649,669	21,950	0
73.00 DRUGS CHARGED TO PATIENTS	37,159,015	1,242,127	35,916,888	124,213	0
74.00 RENAL DIALYSIS	913,098	113,067	800,031	11,307	0
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 CLINIC	14,008	473	13,535	47	0
90.01 ID PRIM CARE SUPP NETWORK	1,123,120	189,581	933,539	18,958	0
90.02 PAIN/PALLIATIVE CARE	1,406,857	236,446	1,170,411	23,645	0
90.03 DIABETIC CLINIC	1,437,817	218,786	1,219,031	21,879	0
90.04 GI CLINIC	4,576,103	592,623	3,983,480	59,262	0
90.05 CLINIC FOR SPECIAL NEEDS	1,342,150	157,398	1,184,752	15,740	0
90.06 DIETETICS	2,276,442	51,370	2,225,072	5,137	0
90.07 INFUSION ROOM	699,660	64,725	634,935	6,473	0
90.08 CARDIOLOGY CLINIC	2,203,188	114,123	2,089,065	11,412	0
90.09 PULMONARY CLINIC	1,103,281	85,811	1,017,470	8,581	0
90.10 ENT CLINIC	1,678,728	151,712	1,527,016	15,171	0
90.11 ORTHOPEDIC CLINIC	1,770,519	365,348	1,405,171	36,535	0
90.12 EYE CLINIC	559,184	64,621	494,563	6,462	0
90.13 ONCOLOGY CLINIC	3,078,268	443,160	2,635,108	44,316	0
90.14 SURGICAL SPECIALTIES	1,913,374	169,036	1,744,338	16,904	0
90.15 ALLERGY CLINIC	2,577,541	372,800	2,204,741	37,280	0
90.16 LASER CLINIC	0	0	0	0	0
90.17 DERMATOLOGY CLINIC	1,876,548	127,674	1,748,874	12,767	0
90.18 CLINIC ADMINISTRATION	0	0	0	0	0
90.19 CRANIOFACIAL CENTER	357,795	64,019	293,776	6,402	0
90.20 HEMATOLOGY CLINIC	724,580	107,101	617,479	10,710	0
90.21 SPINA BIFIDA	544,703	79,584	465,119	7,958	0
90.22 NEUROSCIENCES CLINIC	2,020,841	147,550	1,873,291	14,755	0
90.23 RHEUMATOLOGY CLINIC	868,164	113,524	754,640	11,352	0
90.24 ENDOCRINE CLINIC	952,961	99,949	853,012	9,995	0
90.25 RENAL CLINIC	808,933	32,972	775,961	3,297	0
90.26 GREENWAY CLINIC	1,422,711	367,185	1,055,526	36,719	0
90.27 NEW BERLIN CLINIC	7,749,759	3,122,020	4,627,739	312,202	0
91.00 EMERGENCY	13,551,497	824,628	12,726,869	82,463	0
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	280,541	22,311	258,230	2,231	0
95.00 AMBULANCE SERVICES	0	0	0	0	0
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00 PSYCHIATRY - OFFICE BLDG	3,865,291	289,831	3,575,460	28,983	0
98.01 TRANSPORT	6,768,414	287,559	6,480,855	28,756	0
98.02 GENETICS CENTER	2,164,361	400,589	1,763,772	40,059	0
98.03 NUCLEAR MEDICINE	1,021,003	92,407	928,596	9,241	0
98.04 CHILD DEVELOPMENT	1,212,830	379,566	833,264	37,957	0

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

Provider CCN: 523300

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

Worksheet C
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Title XIX					Hospital	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost	
		1.00	2.00	3.00	4.00	5.00		
98.05	CHILD PROTECTION CENTER	2,944,719	240,115	2,704,604	24,012	0	0	98.05
98.06	DENTAL SRVC	5,786,371	530,365	5,256,006	53,037	0	0	98.06
99.00	CMHC	0	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	KIDNEY ACQUISITION	930,926	21,373	909,553	2,137	0	0	105.00
106.00	HEART ACQUISITION	1,223,959	30,019	1,193,940	3,002	0	0	106.00
107.00	LIVER ACQUISITION	188,181	3,271	184,910	327	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE							113.00
114.00	UTILIZATION REVIEW-SNF							114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	0	116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0	0	0	0	117.00
200.00	Subtotal (sum of lines 50 thru 199)	292,643,824	29,286,415	263,357,409	2,928,645	0	0	200.00
201.00	Less Observation Beds	0	0	0	0	0	0	201.00
202.00	Total (line 200 minus line 201)	292,643,824	29,286,415	263,357,409	2,928,645	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description		Title XIX			Hospital	Cost
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,353,495	34,477,556	0.300297		50.00
51.00	RECOVERY ROOM	3,417,446	10,911,087	0.313209		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	ANESTHESIOLOGY	3,109,671	6,203,610	0.501268		53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,761,153	34,873,688	0.623999		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	RADIOISOTOPE	0	0	0.000000		56.00
57.00	CT SCAN	1,339,893	9,434,795	0.142016		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,550,954	18,113,460	0.140832		58.00
59.00	CARDIAC CATHETERIZATION	2,803,660	6,051,217	0.463322		59.00
60.00	LABORATORY	28,454,847	104,793,827	0.271532		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,441,928	15,667,043	0.538834		63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	RESPIRATORY THERAPY	9,351,053	33,803,855	0.276627		65.00
66.00	PHYSICAL THERAPY	5,194,404	10,867,470	0.477977		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	SPEECH PATHOLOGY	4,305,442	6,193,362	0.695170		68.00
69.00	ELECTROCARDIOLOGY	8,264,451	7,274,824	1.136034		69.00
70.00	ELECTROENCEPHALOGRAPHY	1,964,496	5,472,481	0.358977		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,659,309	122,239,357	0.357162		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,847,220	14,790,656	0.868604		72.00
73.00	DRUGS CHARGED TO PATIENTS	37,034,802	95,214,091	0.388963		73.00
74.00	RENAL DIALYSIS	901,791	2,131,161	0.423145		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	13,961	16,837	0.829186		90.00
90.01	ID PRIM CARE SUPP NETWORK	1,104,162	29,920	36.903810		90.01
90.02	PAIN/PALLIATIVE CARE	1,383,212	220,858	6.262902		90.02
90.03	DIABETIC CLINIC	1,415,938	1,374,914	1.029838		90.03
90.04	GI CLINIC	4,516,841	2,365,469	1.909491		90.04
90.05	CLINIC FOR SPECIAL NEEDS	1,326,410	344,123	3.854465		90.05
90.06	DIETETICS	2,271,305	665,782	3.411485		90.06
90.07	INFUSION ROOM	693,187	2,889,149	0.239928		90.07
90.08	CARDIOLOGY CLINIC	2,191,776	1,913,206	1.145604		90.08
90.09	PULMONARY CLINIC	1,094,700	602,898	1.815730		90.09
90.10	ENT CLINIC	1,663,557	1,378,947	1.206397		90.10
90.11	ORTHOPEDIC CLINIC	1,733,984	1,977,564	0.876828		90.11
90.12	EYE CLINIC	552,722	645,690	0.856018		90.12
90.13	ONCOLOGY CLINIC	3,033,952	3,992,578	0.759898		90.13
90.14	SURGICAL SPECIALTIES	1,896,470	1,608,249	1.179214		90.14
90.15	ALLERGY CLINIC	2,540,261	1,704,836	1.490032		90.15
90.16	LASER CLINIC	0	0	0.000000		90.16
90.17	DERMATOLOGY CLINIC	1,863,781	1,259,232	1.480093		90.17
90.18	CLINIC ADMINISTRATION	0	0	0.000000		90.18
90.19	CRANIOFACIAL CENTER	351,393	386,201	0.909871		90.19
90.20	HEMATOLOGY CLINIC	713,870	452,496	1.577627		90.20
90.21	SPINA BIFIDA	536,745	216,989	2.473605		90.21
90.22	NEUROSCIENCES CLINIC	2,006,086	859,320	2.334504		90.22
90.23	RHEUMATOLOGY CLINIC	856,812	369,774	2.317123		90.23
90.24	ENDOCRINE CLINIC	942,966	448,576	2.102132		90.24
90.25	RENAL CLINIC	805,636	291,865	2.760304		90.25
90.26	GREENWAY CLINIC	1,385,992	1,971,082	0.703163		90.26
90.27	NEW BERLIN CLINIC	7,437,557	5,310,414	1.400561		90.27
91.00	EMERGENCY	13,469,034	16,898,389	0.797060		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	278,310	296,644	0.938195		94.00
95.00	AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	PSYCHIATRY - OFFICE BLDG	3,836,308	2,531,431	1.515470		98.00
98.01	TRANSPORT	6,739,658	6,710,044	1.004413		98.01
98.02	GENETICS CENTER	2,124,302	636,963	3.335048		98.02
98.03	NUCLEAR MEDICINE	1,011,762	2,000,503	0.505754		98.03
98.04	CHILD DEVELOPMENT	1,174,873	482,502	2.434960		98.04

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

Provider CCN: 523300

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

Worksheet C
Part II
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
98.05	CHILD PROTECTION CENTER	2,920,707	1,242,869	2.349972		98.05
98.06	DENTAL SRVC	5,733,334	5,274,866	1.086916		98.06
99.00	CMHC	0	0	0.000000		99.00
99.10	CORF	0	0	0.000000		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	928,789	976,766	0.950882		105.00
106.00	HEART ACQUISITION	1,220,957	1,555,118	0.785122		106.00
107.00	LIVER ACQUISITION	187,854	186,863	1.005303		107.00
108.00	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	HOSPICE	0	0	0.000000		116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0.000000		117.00
200.00	Subtotal (sum of lines 50 thru 199)	289,715,179	0			200.00
201.00	Less Observation Beds	0	0			201.00
202.00	Total (line 200 minus line 201)	289,715,179	610,603,467			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title V		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	49,484,665		49,484,665	0	0	30.00
31.00	INTENSIVE CARE UNIT	52,833,328		52,833,328	0	0	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	13,248,262		13,248,262	0	0	35.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	8,214,913		8,214,913	0	0	50.00
51.00	RECOVERY ROOM	3,444,461		3,444,461	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	1,678,234		1,678,234	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,934,279		21,934,279	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,343,759		1,343,759	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,577,788		2,577,788	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,835,435		2,835,435	0	0	59.00
60.00	LABORATORY	28,518,631		28,518,631	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,468,523		8,468,523	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	9,421,610	0	9,421,610	0	0	65.00
66.00	PHYSICAL THERAPY	5,108,221	0	5,108,221	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	4,350,430	0	4,350,430	0	0	68.00
69.00	ELECTROCARDIOLOGY	7,736,826		7,736,826	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,595,496		1,595,496	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,862,332		43,862,332	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,869,170		12,869,170	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	37,159,015		37,159,015	0	0	73.00
74.00	RENAL DIALYSIS	913,098		913,098	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	14,008		14,008	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	1,111,332		1,111,332	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	1,406,857		1,406,857	0	0	90.02
90.03	DIABETIC CLINIC	1,437,817		1,437,817	0	0	90.03
90.04	GI CLINIC	3,682,564		3,682,564	0	0	90.04
90.05	CLINIC FOR SPECIAL NEEDS	1,342,150		1,342,150	0	0	90.05
90.06	DIETETICS	2,276,442		2,276,442	0	0	90.06
90.07	INFUSION ROOM	699,660		699,660	0	0	90.07
90.08	CARDIOLOGY CLINIC	1,883,719		1,883,719	0	0	90.08
90.09	PULMONARY CLINIC	887,350		887,350	0	0	90.09
90.10	ENT CLINIC	1,315,474		1,315,474	0	0	90.10
90.11	ORTHOPEDIC CLINIC	1,770,519		1,770,519	0	0	90.11
90.12	EYE CLINIC	456,146		456,146	0	0	90.12
90.13	ONCOLOGY CLINIC	3,078,268		3,078,268	0	0	90.13
90.14	SURGICAL SPECIALTIES	1,788,256		1,788,256	0	0	90.14
90.15	ALLERGY CLINIC	2,140,563		2,140,563	0	0	90.15
90.16	LASER CLINIC	0		0	0	0	90.16
90.17	DERMATOLOGY CLINIC	1,318,507		1,318,507	0	0	90.17
90.18	CLINIC ADMINISTRATION	0		0	0	0	90.18
90.19	CRANIOFACIAL CENTER	357,795		357,795	0	0	90.19
90.20	HEMATOLOGY CLINIC	724,580		724,580	0	0	90.20
90.21	SPINALFIDA	544,703		544,703	0	0	90.21
90.22	NEUROSCIENCES CLINIC	2,020,841		2,020,841	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	654,166		654,166	0	0	90.23
90.24	ENDOCRINE CLINIC	588,647		588,647	0	0	90.24

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title V		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	4.00	5.00		
90.25 RENAL CLINIC	317,506		317,506	0	0	90.25	
90.26 GREENWAY CLINIC	1,422,711		1,422,711	0	0	90.26	
90.27 NEW BERLIN CLINIC	7,749,759		7,749,759	0	0	90.27	
91.00 EMERGENCY	11,248,041		11,248,041	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	280,541		280,541	0	0	94.00	
95.00 AMBULANCE SERVICES	0		0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00	
98.00 PSYCHIATRY - OFFICE BLDG	3,359,767		3,359,767	0	0	98.00	
98.01 TRANSPORT	6,768,414		6,768,414	0	0	98.01	
98.02 GENETICS CENTER	2,041,051		2,041,051	0	0	98.02	
98.03 NUCLEAR MEDICINE	1,021,003		1,021,003	0	0	98.03	
98.04 CHILD DEVELOPMENT	872,279		872,279	0	0	98.04	
98.05 CHILD PROTECTION CENTER	2,365,596		2,365,596	0	0	98.05	
98.06 DENTAL SRVC	4,795,220		4,795,220	0	0	98.06	
99.00 CMHC	0		0	0	0	99.00	
99.10 CORF	0		0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	930,926		930,926		0	105.00	
106.00 HEART ACQUISITION	1,223,959		1,223,959		0	106.00	
107.00 LIVER ACQUISITION	188,181		188,181		0	107.00	
108.00 LUNG ACQUISITION	0		0		0	108.00	
109.00 PANCREAS ACQUISITION	0		0		0	109.00	
110.00 INTESTINAL ACQUISITION	0		0		0	110.00	
111.00 ISLET ACQUISITION	0		0		0	111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00	
116.00 HOSPICE	0		0		0	116.00	
117.00 OTHER CAPITAL RELATED COSTS	0		0		0	117.00	
200.00 Subtotal (see instructions)	393,683,794	0	393,683,794	0	0	200.00	
201.00 Less Observation Beds	0		0		0	201.00	
202.00 Total (see instructions)	393,683,794	0	393,683,794	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title V			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	91,162,519		91,162,519			30.00
31.00	INTENSIVE CARE UNIT	128,487,116		128,487,116			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
35.00	OTHER SPECIAL CARE HOT UNIT	27,765,471		27,765,471			35.00
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - I RF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	0		0			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,581,973	5,895,583	34,477,556	0.238268	0.000000	50.00
51.00	RECOVERY ROOM	3,011,781	7,899,306	10,911,087	0.315684	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	2,740,135	3,463,475	6,203,610	0.270525	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,782,156	23,091,532	34,873,688	0.628964	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	3,445,296	5,989,499	9,434,795	0.142426	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,255,439	12,858,021	18,113,460	0.142313	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	1,925,550	4,125,667	6,051,217	0.468573	0.000000	59.00
60.00	LABORATORY	56,023,956	48,769,871	104,793,827	0.272140	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	8,983,624	6,683,419	15,667,043	0.540531	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	28,949,627	4,854,228	33,803,855	0.278714	0.000000	65.00
66.00	PHYSICAL THERAPY	4,537,206	6,330,264	10,867,470	0.470047	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	1,613,552	4,579,810	6,193,362	0.702434	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,142,523	5,132,301	7,274,824	1.063507	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,370,319	1,102,162	5,472,481	0.291549	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,728,114	34,511,243	122,239,357	0.358823	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	14,790,656	0	14,790,656	0.870088	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	67,007,952	28,206,139	95,214,091	0.390268	0.000000	73.00
74.00	RENAL DIALYSIS	698,406	1,432,755	2,131,161	0.428451	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	0	16,837	16,837	0.831977	0.000000	90.00
90.01	ID PRIM CARE SUPP NETWORK	0	29,920	29,920	37.143449	0.000000	90.01
90.02	PAIN/PALLIATIVE CARE	0	220,858	220,858	6.369962	0.000000	90.02
90.03	DIABETIC CLINIC	1,722	1,373,192	1,374,914	1.045750	0.000000	90.03
90.04	GI CLINIC	330,997	2,034,472	2,365,469	1.556801	0.000000	90.04
90.05	CLINIC FOR SPECIAL NEEDS	668	343,455	344,123	3.900204	0.000000	90.05
90.06	DIETETICS	459,786	205,996	665,782	3.419200	0.000000	90.06
90.07	INFUSION ROOM	9,064	2,880,085	2,889,149	0.242168	0.000000	90.07
90.08	CARDIOLOGY CLINIC	141,636	1,771,570	1,913,206	0.984588	0.000000	90.08
90.09	PULMONARY CLINIC	9,575	593,323	602,898	1.471808	0.000000	90.09
90.10	ENT CLINIC	5,684	1,373,263	1,378,947	0.953970	0.000000	90.10
90.11	ORTHOPEDIC CLINIC	6,272	1,971,292	1,977,564	0.895303	0.000000	90.11
90.12	EYE CLINIC	511	645,179	645,690	0.706447	0.000000	90.12
90.13	ONCOLOGY CLINIC	425,454	3,567,124	3,992,578	0.770998	0.000000	90.13
90.14	SURGICAL SPECIALTIES	15,928	1,592,321	1,608,249	1.111927	0.000000	90.14
90.15	ALLERGY CLINIC	643	1,704,193	1,704,836	1.255583	0.000000	90.15
90.16	LASER CLINIC	0	0	0	0.000000	0.000000	90.16
90.17	DERMATOLOGY CLINIC	2,019	1,257,213	1,259,232	1.047072	0.000000	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0.000000	0.000000	90.18
90.19	CRANIOFACIAL CENTER	2,691	383,510	386,201	0.926448	0.000000	90.19
90.20	HEMATOLOGY CLINIC	1,308	451,188	452,496	1.601296	0.000000	90.20
90.21	SPIROBIOTICA	996	215,993	216,989	2.510279	0.000000	90.21
90.22	NEUROSCIENCES CLINIC	7,602	851,718	859,320	2.351675	0.000000	90.22
90.23	RHEUMATOLOGY CLINIC	1,952	367,822	369,774	1.769097	0.000000	90.23
90.24	ENDOCRINE CLINIC	546	448,030	448,576	1.312257	0.000000	90.24
90.25	RENAL CLINIC	1,454	290,411	291,865	1.087852	0.000000	90.25

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 523300

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

Worksheet C
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

		Title V			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
90.26	GREENWAY CLINIC	96	1,970,986	1,971,082	0.721792	0.000000	90.26
90.27	NEW BERLIN CLINIC	4,356	5,306,058	5,310,414	1.459351	0.000000	90.27
91.00	EMERGENCY	2,206,483	14,691,906	16,898,389	0.665628	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	296,644	296,644	0.945716	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	PSYCHIATRY - OFFICE BLDG	190,446	2,340,985	2,531,431	1.327220	0.000000	98.00
98.01	TRANSPORT	5,630,792	1,079,252	6,710,044	1.008699	0.000000	98.01
98.02	GENETICS CENTER	35,202	601,761	636,963	3.204348	0.000000	98.02
98.03	NUCLEAR MEDICINE	318,788	1,681,715	2,000,503	0.510373	0.000000	98.03
98.04	CHILD DEVELOPMENT	305	482,197	482,502	1.807825	0.000000	98.04
98.05	CHILD PROTECTION CENTER	0	1,242,869	1,242,869	1.903335	0.000000	98.05
98.06	DENTAL SRVC	0	5,274,866	5,274,866	0.909070	0.000000	98.06
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	968,782	7,984	976,766			105.00
106.00	HEART ACQUISITION	1,547,105	8,013	1,555,118			106.00
107.00	LIVER ACQUISITION	185,729	1,134	186,863			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	0	0	0			116.00
117.00	OTHER CAPITAL RELATED COSTS	0	0	0			117.00
200.00	Subtotal (see instructions)	593,517,963	264,500,610	858,018,573			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	593,517,963	264,500,610	858,018,573			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	OTHER SPECIAL CARE HOT UNIT			35.00
40.00	SUBPROVIDER - I PF			40.00
41.00	SUBPROVIDER - I RF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
90.01	ID PRIM CARE SUPP NETWORK	0.000000		90.01
90.02	PAIN/PALLIATIVE CARE	0.000000		90.02
90.03	DIABETIC CLINIC	0.000000		90.03
90.04	GI CLINIC	0.000000		90.04
90.05	CLINIC FOR SPECIAL NEEDS	0.000000		90.05
90.06	DIETETICS	0.000000		90.06
90.07	INFUSION ROOM	0.000000		90.07
90.08	CARDIOLOGY CLINIC	0.000000		90.08
90.09	PULMONARY CLINIC	0.000000		90.09
90.10	ENT CLINIC	0.000000		90.10
90.11	ORTHOPEDIC CLINIC	0.000000		90.11
90.12	EYE CLINIC	0.000000		90.12
90.13	ONCOLOGY CLINIC	0.000000		90.13
90.14	SURGICAL SPECIALTIES	0.000000		90.14
90.15	ALLERGY CLINIC	0.000000		90.15
90.16	LASER CLINIC	0.000000		90.16
90.17	DERMATOLOGY CLINIC	0.000000		90.17
90.18	CLINIC ADMINISTRATION	0.000000		90.18
90.19	CRANIOFACIAL CENTER	0.000000		90.19
90.20	HEMATOLOGY CLINIC	0.000000		90.20
90.21	SPI NABI FIDA	0.000000		90.21
90.22	NEUROSCIENCES CLINIC	0.000000		90.22
90.23	RHEUMATOLOGY CLINIC	0.000000		90.23
90.24	ENDOCRINE CLINIC	0.000000		90.24
90.25	RENAL CLINIC	0.000000		90.25
90.26	GREENWAY CLINIC	0.000000		90.26
90.27	NEW BERLIN CLINIC	0.000000		90.27

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/2/2012 2:04 pm
		Title V	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio	
		11.00	
91.00	EMERGENCY	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000	94.00
95.00	AMBULANCE SERVICES	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	97.00
98.00	PSYCHIATRY - OFFICE BLDG	0.000000	98.00
98.01	TRANSPORT	0.000000	98.01
98.02	GENETICS CENTER	0.000000	98.02
98.03	NUCLEAR MEDICINE	0.000000	98.03
98.04	CHILD DEVELOPMENT	0.000000	98.04
98.05	CHILD PROTECTION CENTER	0.000000	98.05
98.06	DENTAL SRVC	0.000000	98.06
99.00	CMHC		99.00
99.10	CORF		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		100.00
101.00	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION		105.00
106.00	HEART ACQUISITION		106.00
107.00	LIVER ACQUISITION		107.00
108.00	LUNG ACQUISITION		108.00
109.00	PANCREAS ACQUISITION		109.00
110.00	INTESTINAL ACQUISITION		110.00
111.00	ISLET ACQUISITION		111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	HOSPICE		116.00
117.00	OTHER CAPITAL RELATED COSTS		117.00
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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	Title XVIII			Hospital	Tefra	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,062,877	0	7,062,877	34,766	203.15	30.00
31.00 INTENSIVE CARE UNIT	5,135,744		5,135,744	30,798	166.76	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
35.00 OTHER SPECIAL CARE HOT UNIT	1,015,906		1,015,906	6,780	149.84	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	0		0	0	0.00	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (Lines 30-199)	13,214,527		13,214,527	72,344		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra

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	158	32,098		30.00
31.00 INTENSIVE CARE UNIT	93	15,509		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 OTHER SPECIAL CARE HOT UNIT	11	1,648		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	262	49,255		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,940,459	34,477,556	0.085286	149,397	12,741	50.00
51.00	RECOVERY ROOM	270,147	10,911,087	0.024759	19,592	485	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	377,954	6,203,610	0.060925	45,701	2,784	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,119,928	34,873,688	0.146813	100,855	14,807	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	38,658	9,434,795	0.004097	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	268,343	18,113,460	0.014815	6,665	99	58.00
59.00	CARDIAC CATHETERIZATION	317,753	6,051,217	0.052511	0	0	59.00
60.00	LABORATORY	2,055,549	104,793,827	0.019615	435,750	8,547	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	265,949	15,667,043	0.016975	150,185	2,549	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	705,566	33,803,855	0.020872	102,081	2,131	65.00
66.00	PHYSICAL THERAPY	861,496	10,867,470	0.079273	24,979	1,980	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	449,876	6,193,362	0.072638	4,192	304	68.00
69.00	ELECTROCARDIOLOGY	1,126,845	7,274,824	0.154897	114,449	17,728	69.00
70.00	ELECTROENCEPHALOGRAPHY	221,341	5,472,481	0.040446	5,065	205	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,030,231	122,239,357	0.016609	454,000	7,540	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	219,501	14,790,656	0.014841	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,242,127	95,214,091	0.013046	230,259	3,004	73.00
74.00	RENAL DIALYSIS	113,067	2,131,161	0.053054	416,750	22,110	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	473	16,837	0.028093	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	189,581	29,920	6.336263	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	236,446	220,858	1.070579	0	0	90.02
90.03	DIABETIC CLINIC	218,786	1,374,914	0.159127	94	15	90.03
90.04	GI CLINIC	592,623	2,365,469	0.250531	886	222	90.04
90.05	CLINIC FOR SPECIAL NEEDS	157,398	344,123	0.457389	0	0	90.05
90.06	DIETETICS	51,370	665,782	0.077157	0	0	90.06
90.07	INFUSION ROOM	64,725	2,889,149	0.022403	0	0	90.07
90.08	CARDIOLOGY CLINIC	114,123	1,913,206	0.059650	335	20	90.08
90.09	PULMONARY CLINIC	85,811	602,898	0.142331	134	19	90.09
90.10	ENT CLINIC	151,712	1,378,947	0.110020	0	0	90.10
90.11	ORTHOPEDIC CLINIC	365,348	1,977,564	0.184746	0	0	90.11
90.12	EYE CLINIC	64,621	645,690	0.100081	0	0	90.12
90.13	ONCOLOGY CLINIC	443,160	3,992,578	0.110996	1,186	132	90.13
90.14	SURGICAL SPECIALTIES	169,036	1,608,249	0.105106	0	0	90.14
90.15	ALLERGY CLINIC	372,800	1,704,836	0.218672	0	0	90.15
90.16	LASER CLINIC	0	0	0.000000	0	0	90.16
90.17	DERMATOLOGY CLINIC	127,674	1,259,232	0.101390	105	11	90.17
90.18	CLINIC ADMINISTRATION	0	0	0.000000	0	0	90.18
90.19	CRANIOFACIAL CENTER	64,019	386,201	0.165766	0	0	90.19
90.20	HEMATOLOGY CLINIC	107,101	452,496	0.236689	0	0	90.20
90.21	SPINA BIFIDA	79,584	216,989	0.366765	0	0	90.21
90.22	NEUROSCIENCES CLINIC	147,550	859,320	0.171706	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	113,524	369,774	0.307009	0	0	90.23
90.24	ENDOCRINE CLINIC	99,949	448,576	0.222814	0	0	90.24
90.25	RENAL CLINIC	32,972	291,865	0.112970	362	41	90.25
90.26	GREENWAY CLINIC	367,185	1,971,082	0.186286	0	0	90.26
90.27	NEW BERLIN CLINIC	3,122,020	5,310,414	0.587905	0	0	90.27
91.00	EMERGENCY	824,628	16,898,389	0.048799	15,519	757	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	22,311	296,644	0.075211	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	289,831	2,531,431	0.114493	536	61	98.00
98.01	TRANSPORT	287,559	6,710,044	0.042855	7,624	327	98.01
98.02	GENETICS CENTER	400,589	636,963	0.628905	0	0	98.02
98.03	NUCLEAR MEDICINE	92,407	2,000,503	0.046192	0	0	98.03

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 7/2/2012 2:04 pm	
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	
98.04	CHILD DEVELOPMENT	379,566	482,502	0.786662	0	0	98.04
98.05	CHILD PROTECTION CENTER	240,115	1,242,869	0.193194	0	0	98.05
98.06	DENTAL SRVC	530,365	5,274,866	0.100546	0	0	98.06
200.00	Total (lines 50-199)	29,231,752	607,884,720		2,286,701	98,619	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	Tefra Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	OTHER SPECIAL CARE HOT UNIT	0	0	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 7/2/2012 2:04 pm
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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)	Title XVIII		Hospital	
					PSA Adj. Nursing School	Tefra		
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	34,766	0.00	158	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	30,798	0.00	93	0	0	0	31.00	
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00	
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00	
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00	
35.00 OTHER SPECIAL CARE HOT UNIT	6,780	0.00	11	0	0	0	35.00	
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 NURSERY	0	0.00	0	0	0	0	43.00	
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00	
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00 Total (lines 30-199)	72,344		262	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 7/2/2012 2:04 pm
	Title XVIII	Hospital	Tefra

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00 OTHER SPECIAL CARE HOT UNIT	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	0	0	0	0	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	0	0	0	0	0	0	90.02
90.03	DIABETIC CLINIC	0	0	0	0	0	0	90.03
90.04	GI CLINIC	0	0	0	0	0	0	90.04
90.05	CLINIC FOR SPECIAL NEEDS	0	0	0	0	0	0	90.05
90.06	DIETETICS	0	0	0	0	0	0	90.06
90.07	INFUSION ROOM	0	0	0	0	0	0	90.07
90.08	CARDIOLOGY CLINIC	0	0	0	0	0	0	90.08
90.09	PULMONARY CLINIC	0	0	0	0	0	0	90.09
90.10	ENT CLINIC	0	0	0	0	0	0	90.10
90.11	ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.11
90.12	EYE CLINIC	0	0	0	0	0	0	90.12
90.13	ONCOLOGY CLINIC	0	0	0	0	0	0	90.13
90.14	SURGICAL SPECIALTIES	0	0	0	0	0	0	90.14
90.15	ALLERGY CLINIC	0	0	0	0	0	0	90.15
90.16	LASER CLINIC	0	0	0	0	0	0	90.16
90.17	DERMATOLOGY CLINIC	0	0	0	0	0	0	90.17
90.18	CLINIC ADMINISTRATION	0	0	0	0	0	0	90.18
90.19	CRANIOFACIAL CENTER	0	0	0	0	0	0	90.19
90.20	HEMATOLOGY CLINIC	0	0	0	0	0	0	90.20
90.21	SPINA BIFIDA	0	0	0	0	0	0	90.21
90.22	NEUROSCIENCES CLINIC	0	0	0	0	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	0	0	0	0	0	0	90.23
90.24	ENDOCRINE CLINIC	0	0	0	0	0	0	90.24
90.25	RENAL CLINIC	0	0	0	0	0	0	90.25
90.26	GREENWAY CLINIC	0	0	0	0	0	0	90.26
90.27	NEW BERLIN CLINIC	0	0	0	0	0	0	90.27
91.00	EMERGENCY	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	0	0	0	0	0	0	98.00
98.01	TRANSPORT	0	0	0	0	0	0	98.01
98.02	GENETICS CENTER	0	0	0	0	0	0	98.02
98.03	NUCLEAR MEDICINE	0	0	0	0	0	0	98.03
98.04	CHILD DEVELOPMENT	0	0	0	0	0	0	98.04

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XVIII			Hospital		Tefra	
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		
98.05	CHILD PROTECTION CENTER	0	0	0	0	0	0	98.05
98.06	DENTAL SRVC	0	0	0	0	0	0	98.06
200.00	Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Tefra
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	34,477,556	0.000000	0.000000	149,397	50.00
51.00	RECOVERY ROOM	0	10,911,087	0.000000	0.000000	19,592	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	6,203,610	0.000000	0.000000	45,701	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	34,873,688	0.000000	0.000000	100,855	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	9,434,795	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	18,113,460	0.000000	0.000000	6,665	58.00
59.00	CARDIAC CATHETERIZATION	0	6,051,217	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	104,793,827	0.000000	0.000000	435,750	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	15,667,043	0.000000	0.000000	150,185	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	33,803,855	0.000000	0.000000	102,081	65.00
66.00	PHYSICAL THERAPY	0	10,867,470	0.000000	0.000000	24,979	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	6,193,362	0.000000	0.000000	4,192	68.00
69.00	ELECTROCARDIOLOGY	0	7,274,824	0.000000	0.000000	114,449	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,472,481	0.000000	0.000000	5,065	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	122,239,357	0.000000	0.000000	454,000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	14,790,656	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	95,214,091	0.000000	0.000000	230,259	73.00
74.00	RENAL DIALYSIS	0	2,131,161	0.000000	0.000000	416,750	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	16,837	0.000000	0.000000	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	0	29,920	0.000000	0.000000	0	90.01
90.02	PAIN/PALLIATIVE CARE	0	220,858	0.000000	0.000000	0	90.02
90.03	DIABETIC CLINIC	0	1,374,914	0.000000	0.000000	94	90.03
90.04	GI CLINIC	0	2,365,469	0.000000	0.000000	886	90.04
90.05	CLINIC FOR SPECIAL NEEDS	0	344,123	0.000000	0.000000	0	90.05
90.06	DIETETICS	0	665,782	0.000000	0.000000	0	90.06
90.07	INFUSION ROOM	0	2,889,149	0.000000	0.000000	0	90.07
90.08	CARDIOLOGY CLINIC	0	1,913,206	0.000000	0.000000	335	90.08
90.09	PULMONARY CLINIC	0	602,898	0.000000	0.000000	134	90.09
90.10	ENT CLINIC	0	1,378,947	0.000000	0.000000	0	90.10
90.11	ORTHOPEDIC CLINIC	0	1,977,564	0.000000	0.000000	0	90.11
90.12	EYE CLINIC	0	645,690	0.000000	0.000000	0	90.12
90.13	ONCOLOGY CLINIC	0	3,992,578	0.000000	0.000000	1,186	90.13
90.14	SURGICAL SPECIALTIES	0	1,608,249	0.000000	0.000000	0	90.14
90.15	ALLERGY CLINIC	0	1,704,836	0.000000	0.000000	0	90.15
90.16	LASER CLINIC	0	0	0.000000	0.000000	0	90.16
90.17	DERMATOLOGY CLINIC	0	1,259,232	0.000000	0.000000	105	90.17
90.18	CLINIC ADMINISTRATION	0	0	0.000000	0.000000	0	90.18
90.19	CRANIOFACIAL CENTER	0	386,201	0.000000	0.000000	0	90.19
90.20	HEMATOLOGY CLINIC	0	452,496	0.000000	0.000000	0	90.20
90.21	SPI NA BIFIDA	0	216,989	0.000000	0.000000	0	90.21
90.22	NEUROSCIENCES CLINIC	0	859,320	0.000000	0.000000	0	90.22
90.23	RHEUMATOLOGY CLINIC	0	369,774	0.000000	0.000000	0	90.23
90.24	ENDOCRINE CLINIC	0	448,576	0.000000	0.000000	0	90.24
90.25	RENAL CLINIC	0	291,865	0.000000	0.000000	362	90.25
90.26	GREENWAY CLINIC	0	1,971,082	0.000000	0.000000	0	90.26
90.27	NEW BERLIN CLINIC	0	5,310,414	0.000000	0.000000	0	90.27
91.00	EMERGENCY	0	16,898,389	0.000000	0.000000	15,519	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	296,644	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	0	2,531,431	0.000000	0.000000	536	98.00
98.01	TRANSPORT	0	6,710,044	0.000000	0.000000	7,624	98.01
98.02	GENETICS CENTER	0	636,963	0.000000	0.000000	0	98.02
98.03	NUCLEAR MEDICINE	0	2,000,503	0.000000	0.000000	0	98.03

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	Title XVIII		Hospital		Tefra	
	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	
98.04 CHILD DEVELOPMENT	0	482,502	0.000000	0.000000	0	98.04
98.05 CHILD PROTECTION CENTER	0	1,242,869	0.000000	0.000000	0	98.05
98.06 DENTAL SRVC	0	5,274,866	0.000000	0.000000	0	98.06
200.00 Total (lines 50-199)	0	607,884,720			2,286,701	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	Title XVIII			Hospital		Tefra
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	19,578	0	0	0	50.00
51.00 RECOVERY ROOM	0	13,554	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	11,201	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	140,386	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	34,898	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	52,515	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	108,946	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	28,559	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	64	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	3,575	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	114,988	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	65,831	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	645,254	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 ID PRIM CARE SUPP NETWORK	0	0	0	0	0	90.01
90.02 PAIN/PALLIATIVE CARE	0	923	0	0	0	90.02
90.03 DIABETIC CLINIC	0	486	0	0	0	90.03
90.04 GI CLINIC	0	2,861	0	0	0	90.04
90.05 CLINIC FOR SPECIAL NEEDS	0	1,898	0	0	0	90.05
90.06 DIETETICS	0	0	0	0	0	90.06
90.07 INFUSION ROOM	0	119,406	0	0	0	90.07
90.08 CARDIOLOGY CLINIC	0	23,488	0	0	0	90.08
90.09 PULMONARY CLINIC	0	17,037	0	0	0	90.09
90.10 ENT CLINIC	0	650	0	0	0	90.10
90.11 ORTHOPEDIC CLINIC	0	33,125	0	0	0	90.11
90.12 EYE CLINIC	0	34,464	0	0	0	90.12
90.13 ONCOLOGY CLINIC	0	66,215	0	0	0	90.13
90.14 SURGICAL SPECIALTIES	0	1,701	0	0	0	90.14
90.15 ALLERGY CLINIC	0	104,705	0	0	0	90.15
90.16 LASER CLINIC	0	0	0	0	0	90.16
90.17 DERMATOLOGY CLINIC	0	780	0	0	0	90.17
90.18 CLINIC ADMINISTRATION	0	0	0	0	0	90.18
90.19 CRANIOFACIAL CENTER	0	0	0	0	0	90.19
90.20 HEMATOLOGY CLINIC	0	22,745	0	0	0	90.20
90.21 SPINA BIFIDA	0	0	0	0	0	90.21
90.22 NEUROSCIENCES CLINIC	0	0	0	0	0	90.22
90.23 RHEUMATOLOGY CLINIC	0	1,411	0	0	0	90.23
90.24 ENDOCRINE CLINIC	0	13,506	0	0	0	90.24
90.25 RENAL CLINIC	0	12,693	0	0	0	90.25
90.26 GREENWAY CLINIC	0	0	0	0	0	90.26
90.27 NEW BERLIN CLINIC	0	0	0	0	0	90.27
91.00 EMERGENCY	0	6,430	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	6,193	0	0	0	98.00
98.01 TRANSPORT	0	0	0	0	0	98.01
98.02 GENETICS CENTER	0	4,473	0	0	0	98.02
98.03 NUCLEAR MEDICINE	0	2,426	0	0	0	98.03

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 523300

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

Worksheet D
Part IV
Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Title XVIII			Hospital	Tefra	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
98.04	CHILD DEVELOPMENT	0	0	0	0	0	98.04
98.05	CHILD PROTECTION CENTER	0	0	0	0	0	98.05
98.06	DENTAL SRVC	0	0	0	0	0	98.06
200.00	Total (lines 50-199)	0	1,716,965	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	Tefra
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 ID PRIM CARE SUPP NETWORK	0	0		90.01
90.02 PAIN/PALLIATIVE CARE	0	0		90.02
90.03 DIABETIC CLINIC	0	0		90.03
90.04 GI CLINIC	0	0		90.04
90.05 CLINIC FOR SPECIAL NEEDS	0	0		90.05
90.06 DIETETICS	0	0		90.06
90.07 INFUSION ROOM	0	0		90.07
90.08 CARDIOLOGY CLINIC	0	0		90.08
90.09 PULMONARY CLINIC	0	0		90.09
90.10 ENT CLINIC	0	0		90.10
90.11 ORTHOPEDIC CLINIC	0	0		90.11
90.12 EYE CLINIC	0	0		90.12
90.13 ONCOLOGY CLINIC	0	0		90.13
90.14 SURGICAL SPECIALTIES	0	0		90.14
90.15 ALLERGY CLINIC	0	0		90.15
90.16 LASER CLINIC	0	0		90.16
90.17 DERMATOLOGY CLINIC	0	0		90.17
90.18 CLINIC ADMINISTRATION	0	0		90.18
90.19 CRANIOFACIAL CENTER	0	0		90.19
90.20 HEMATOLOGY CLINIC	0	0		90.20
90.21 SPINA BIFIDA	0	0		90.21
90.22 NEUROSCIENCES CLINIC	0	0		90.22
90.23 RHEUMATOLOGY CLINIC	0	0		90.23
90.24 ENDOCRINE CLINIC	0	0		90.24
90.25 RENAL CLINIC	0	0		90.25
90.26 GREENWAY CLINIC	0	0		90.26
90.27 NEW BERLIN CLINIC	0	0		90.27
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 PSYCHIATRY - OFFICE BLDG	0	0		98.00
98.01 TRANSPORT	0	0		98.01
98.02 GENETICS CENTER	0	0		98.02
98.03 NUCLEAR MEDICINE	0	0		98.03
98.04 CHILD DEVELOPMENT	0	0		98.04
98.05 CHILD PROTECTION CENTER	0	0		98.05

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII		Hospital	Tefra
Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
		23.00	24.00		
98.06	DENTAL SRVC	0	0	98.06	
200.00	Total (Lines 50-199)	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XVIII		Hospital		Tefra	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.238268	19,578	0	0		50.00
51.00	RECOVERY ROOM	0.315684	13,554	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.270525	11,201	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.628964	140,386	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.142426	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142313	34,898	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.468573	0	0	0		59.00
60.00	LABORATORY	0.272140	52,515	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.540531	108,946	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.278714	28,559	0	0		65.00
66.00	PHYSICAL THERAPY	0.470047	64	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.702434	3,575	0	0		68.00
69.00	ELECTROCARDIOLOGY	1.063507	114,988	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.291549	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.358823	65,831	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.870088	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.390268	645,254	0	0		73.00
74.00	RENAL DIALYSIS	0.428451	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.831977	0	0	0		90.00
90.01	ID PRIM CARE SUPP NETWORK	37.143449	0	0	0		90.01
90.02	PAIN/PALLIATIVE CARE	6.369962	923	0	0		90.02
90.03	DIABETIC CLINIC	1.045750	486	0	0		90.03
90.04	GI CLINIC	1.556801	2,861	0	0		90.04
90.05	CLINIC FOR SPECIAL NEEDS	3.900204	1,898	0	0		90.05
90.06	DIETETICS	3.419200	0	0	0		90.06
90.07	INFUSION ROOM	0.242168	119,406	0	0		90.07
90.08	CARDIOLOGY CLINIC	0.984588	23,488	0	0		90.08
90.09	PULMONARY CLINIC	1.471808	17,037	0	0		90.09
90.10	ENT CLINIC	0.953970	650	0	0		90.10
90.11	ORTHOPEDIC CLINIC	0.895303	33,125	0	0		90.11
90.12	EYE CLINIC	0.706447	34,464	0	0		90.12
90.13	ONCOLOGY CLINIC	0.770998	66,215	0	0		90.13
90.14	SURGICAL SPECIALTIES	1.111927	1,701	0	0		90.14
90.15	ALLERGY CLINIC	1.255583	104,705	0	0		90.15
90.16	LASER CLINIC	0.000000	0	0	0		90.16
90.17	DERMATOLOGY CLINIC	1.047072	780	0	0		90.17
90.18	CLINIC ADMINISTRATION	0.000000	0	0	0		90.18
90.19	CRANIOFACIAL CENTER	0.926448	0	0	0		90.19
90.20	HEMATOLOGY CLINIC	1.601296	22,745	0	0		90.20
90.21	SPINA BIFIDA	2.510279	0	0	0		90.21
90.22	NEUROSCIENCES CLINIC	2.351675	0	0	0		90.22
90.23	RHEUMATOLOGY CLINIC	1.769097	1,411	0	0		90.23
90.24	ENDOCRINE CLINIC	1.312257	13,506	0	0		90.24
90.25	RENAL CLINIC	1.087852	12,693	0	0		90.25
90.26	GREENWAY CLINIC	0.721792	0	0	0		90.26
90.27	NEW BERLIN CLINIC	1.459351	0	0	0		90.27
91.00	EMERGENCY	0.665628	6,430	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0.945716		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	PSYCHIATRY - OFFICE BLDG	1.327220	6,193	0	0		98.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm
	Title XVIII	Hospital	Tefra

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost	Cost		
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
1.00	2.00	3.00	4.00			
98.01 TRANSPORT	1.008699	0	0	0		98.01
98.02 GENETICS CENTER	3.204348	4,473	0	0		98.02
98.03 NUCLEAR MEDICINE	0.510373	2,426	0	0		98.03
98.04 CHILD DEVELOPMENT	1.807825	0	0	0		98.04
98.05 CHILD PROTECTION CENTER	1.903335	0	0	0		98.05
98.06 DENTAL SRVC	0.909070	0	0	0		98.06
200.00 Subtotal (see instructions)		1,716,965	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		1,716,965	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XVIII		Hospital		Tefra	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,665	0	0			50.00
51.00	RECOVERY ROOM	4,279	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	3,030	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	88,298	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,966	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	14,291	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	58,889	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	7,960	0	0			65.00
66.00	PHYSICAL THERAPY	30	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	2,511	0	0			68.00
69.00	ELECTROCARDIOLOGY	122,291	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,622	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	251,822	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
90.01	ID PRIM CARE SUPP NETWORK	0	0	0			90.01
90.02	PAIN/PALLIATIVE CARE	5,879	0	0			90.02
90.03	DIABETIC CLINIC	508	0	0			90.03
90.04	GI CLINIC	4,454	0	0			90.04
90.05	CLINIC FOR SPECIAL NEEDS	7,403	0	0			90.05
90.06	DIETETICS	0	0	0			90.06
90.07	INFUSION ROOM	28,916	0	0			90.07
90.08	CARDIOLOGY CLINIC	23,126	0	0			90.08
90.09	PULMONARY CLINIC	25,075	0	0			90.09
90.10	ENT CLINIC	620	0	0			90.10
90.11	ORTHOPEDIC CLINIC	29,657	0	0			90.11
90.12	EYE CLINIC	24,347	0	0			90.12
90.13	ONCOLOGY CLINIC	51,052	0	0			90.13
90.14	SURGICAL SPECIALTIES	1,891	0	0			90.14
90.15	ALLERGY CLINIC	131,466	0	0			90.15
90.16	LASER CLINIC	0	0	0			90.16
90.17	DERMATOLOGY CLINIC	817	0	0			90.17
90.18	CLINIC ADMINISTRATION	0	0	0			90.18
90.19	CRANIOFACIAL CENTER	0	0	0			90.19
90.20	HEMATOLOGY CLINIC	36,421	0	0			90.20
90.21	SPINA BIFIDA	0	0	0			90.21
90.22	NEUROSCIENCES CLINIC	0	0	0			90.22
90.23	RHEUMATOLOGY CLINIC	2,496	0	0			90.23
90.24	ENDOCRINE CLINIC	17,723	0	0			90.24
90.25	RENAL CLINIC	13,808	0	0			90.25
90.26	GREENWAY CLINIC	0	0	0			90.26
90.27	NEW BERLIN CLINIC	0	0	0			90.27
91.00	EMERGENCY	4,280	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS		0	0			94.00
95.00	AMBULANCE SERVICES		0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	PSYCHIATRY - OFFICE BLDG	8,219	0	0			98.00
98.01	TRANSPORT	0	0	0			98.01
98.02	GENETICS CENTER	14,333	0	0			98.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm
Title XVIII		Hospital	Tefra

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
98.03 NUCLEAR MEDICINE	1,238	0	0		98.03
98.04 CHILD DEVELOPMENT	0	0	0		98.04
98.05 CHILD PROTECTION CENTER	0	0	0		98.05
98.06 DENTAL SRVC	0	0	0		98.06
200.00 Subtotal (see instructions)	1,020,383	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,020,383	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.300297	0	0	1,688,807		50.00
51.00	RECOVERY ROOM	0.313209	0	0	1,216,047		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.501268	0	0	562,986		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.623999	0	0	1,860,723		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0		55.00
56.00	RADIOISOTOPE	0.000000	0	0	0		56.00
57.00	CT SCAN	0.142016	0	0	1,003,581		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.140832	0	0	2,416,199		58.00
59.00	CARDIAC CATHETERIZATION	0.463322	0	0	0		59.00
60.00	LABORATORY	0.271532	0	0	9,458,177		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.538834	0	0	1,619,276		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.276627	0	0	1,115,146		65.00
66.00	PHYSICAL THERAPY	0.477977	0	0	751,236		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.695170	0	0	1,044,837		68.00
69.00	ELECTROCARDIOLOGY	1.136034	0	0	1,396,381		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.358977	0	0	305,016		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.357162	0	0	5,413,413		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.868604	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.388963	0	0	5,872,460		73.00
74.00	RENAL DIALYSIS	0.423145	0	0	677,824		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.829186	0	0	0		90.00
90.01	ID PRIM CARE SUPP NETWORK	36.903810	0	0	8,920		90.01
90.02	PAIN/PALLIATIVE CARE	6.262902	0	0	23,374		90.02
90.03	DIABETIC CLINIC	1.029838	0	0	87,729		90.03
90.04	GI CLINIC	1.909491	0	0	446,624		90.04
90.05	CLINIC FOR SPECIAL NEEDS	3.854465	0	0	20,254		90.05
90.06	DIETETICS	3.411485	0	0	13,724		90.06
90.07	INFUSION ROOM	0.239928	0	0	712,925		90.07
90.08	CARDIOLOGY CLINIC	1.145604	0	0	334,884		90.08
90.09	PULMONARY CLINIC	1.815730	0	0	184,243		90.09
90.10	ENT CLINIC	1.206397	0	0	247,795		90.10
90.11	ORTHOPEDIC CLINIC	0.876828	0	0	313,017		90.11
90.12	EYE CLINIC	0.856018	0	0	114,045		90.12
90.13	ONCOLOGY CLINIC	0.759898	0	0	734,858		90.13
90.14	SURGICAL SPECIALTIES	1.179214	0	0	262,019		90.14
90.15	ALLERGY CLINIC	1.490032	0	0	167,917		90.15
90.16	LASER CLINIC	0.000000	0	0	0		90.16
90.17	DERMATOLOGY CLINIC	1.480093	0	0	93,313		90.17
90.18	CLINIC ADMINISTRATION	0.000000	0	0	0		90.18
90.19	CRANIOFACIAL CENTER	0.909871	0	0	55,708		90.19
90.20	HEMATOLOGY CLINIC	1.577627	0	0	107,713		90.20
90.21	SPINA BIFIDA	2.473605	0	0	148,592		90.21
90.22	NEUROSCIENCES CLINIC	2.334504	0	0	274,407		90.22
90.23	RHEUMATOLOGY CLINIC	2.317123	0	0	115,418		90.23
90.24	ENDOCRINE CLINIC	2.102132	0	0	0		90.24
90.25	RENAL CLINIC	2.760304	0	0	65,533		90.25
90.26	GREENWAY CLINIC	0.703163	0	0	1,000		90.26
90.27	NEW BERLIN CLINIC	1.400561	0	0	340,000		90.27
91.00	EMERGENCY	0.797060	0	0	2,048,907		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0.938195		0			94.00
95.00	AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	PSYCHIATRY - OFFICE BLDG	1.515470	0	0	561,978		98.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm
	Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Reimbursed Services Subject To Ded. & Coins. (see instructions)			
1.00	2.00	3.00	4.00				
98.01 TRANSPORT	1.004413	0	0	20,490		98.01	
98.02 GENETICS CENTER	3.335048	0	0	118,303		98.02	
98.03 NUCLEAR MEDICINE	0.505754	0	0	191,955		98.03	
98.04 CHILD DEVELOPMENT	2.434960	0	0	156,641		98.04	
98.05 CHILD PROTECTION CENTER	2.349972	0	0	160,981		98.05	
98.06 DENTAL SRVC	1.086916	0	0	1,446,012		98.06	
200.00 Subtotal (see instructions)		0	0	45,981,388		200.00	
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00 Net Charges (line 200 +/- line 201)		0	0	45,981,388		202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	507,144		50.00	
51.00	RECOVERY ROOM	0	0	380,877		51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00	
53.00	ANESTHESIOLOGY	0	0	282,207		53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,161,089		54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00	
56.00	RADIOISOTOPE	0	0	0		56.00	
57.00	CT SCAN	0	0	142,525		57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	340,278		58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00	
60.00	LABORATORY	0	0	2,568,198		60.00	
60.01	BLOOD LABORATORY	0	0	0		60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	872,521		63.00	
64.00	INTRAVENOUS THERAPY	0	0	0		64.00	
65.00	RESPIRATORY THERAPY	0	0	308,479		65.00	
66.00	PHYSICAL THERAPY	0	0	359,074		66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00	
68.00	SPEECH PATHOLOGY	0	0	726,339		68.00	
69.00	ELECTROCARDIOLOGY	0	0	1,586,336		69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	109,494		70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,933,465		71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	2,284,170		73.00	
74.00	RENAL DIALYSIS	0	0	286,818		74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0		88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00	
90.00	CLINIC	0	0	0		90.00	
90.01	ID PRIM CARE SUPP NETWORK	0	0	329,182		90.01	
90.02	PAIN/PALLIATIVE CARE	0	0	146,389		90.02	
90.03	DIABETIC CLINIC	0	0	90,347		90.03	
90.04	GI CLINIC	0	0	852,825		90.04	
90.05	CLINIC FOR SPECIAL NEEDS	0	0	78,068		90.05	
90.06	DIETETICS	0	0	46,819		90.06	
90.07	INFUSION ROOM	0	0	171,051		90.07	
90.08	CARDIOLOGY CLINIC	0	0	383,644		90.08	
90.09	PULMONARY CLINIC	0	0	334,536		90.09	
90.10	ENT CLINIC	0	0	298,939		90.10	
90.11	ORTHOPEDIC CLINIC	0	0	274,462		90.11	
90.12	EYE CLINIC	0	0	97,625		90.12	
90.13	ONCOLOGY CLINIC	0	0	558,417		90.13	
90.14	SURGICAL SPECIALTIES	0	0	308,976		90.14	
90.15	ALLERGY CLINIC	0	0	250,202		90.15	
90.16	LASER CLINIC	0	0	0		90.16	
90.17	DERMATOLOGY CLINIC	0	0	138,112		90.17	
90.18	CLINIC ADMINISTRATION	0	0	0		90.18	
90.19	CRANIOFACIAL CENTER	0	0	50,687		90.19	
90.20	HEMATOLOGY CLINIC	0	0	169,931		90.20	
90.21	SPIRITUALITY	0	0	367,558		90.21	
90.22	NEUROSCIENCES CLINIC	0	0	640,604		90.22	
90.23	RHEUMATOLOGY CLINIC	0	0	267,438		90.23	
90.24	ENDOCRINE CLINIC	0	0	0		90.24	
90.25	RENAL CLINIC	0	0	180,891		90.25	
90.26	GREENWAY CLINIC	0	0	703		90.26	
90.27	NEW BERLIN CLINIC	0	0	476,191		90.27	
91.00	EMERGENCY	0	0	1,633,102		91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0		94.00	
95.00	AMBULANCE SERVICES	0	0	0		95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00	
98.00	PSYCHIATRY - OFFICE BLDG	0	0	851,661		98.00	
98.01	TRANSPORT	0	0	20,580		98.01	
98.02	GENETICS CENTER	0	0	394,546		98.02	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/2/2012 2:04 pm
Title XIX		Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
98.03 NUCLEAR MEDICINE	0	0	97,082		98.03
98.04 CHILD DEVELOPMENT	0	0	381,415		98.04
98.05 CHILD PROTECTION CENTER	0	0	378,301		98.05
98.06 DENTAL SRVC	0	0	1,571,694		98.06
200.00 Subtotal (see instructions)	0	0	25,690,992		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	25,690,992		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 7/2/2012 2:04 pm
Cost Center Description		Title XVIII	Hospital	Tefra
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,766	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,766	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)		158	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		49,484,665	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)		49,484,665	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		92,650,910	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		92,650,910	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.534098	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)		2,664.99	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)		49,484,665	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,423.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		224,891	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)		224,891	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XVIII		Hospital		Tefra	
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	52,833,328	30,798	1,715.48	93	159,540	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	13,248,262	6,780	1,954.02	11	21,494	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					938,103	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,344,028	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)					49,255	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					98,619	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					147,874	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,196,154	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					46	54.00
55.00	Target amount per discharge					10,093.69	55.00
56.00	Target amount (line 54 x line 55)					464,310	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					-731,844	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)					46,431	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					658,615	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,062,877	49,484,665	0.142729	0	0	90.00
91.00	Nursing School cost	0	49,484,665	0.000000	0	0	91.00
92.00	Allied health cost	0	49,484,665	0.000000	0	0	92.00
93.00	All other Medical Education	0	49,484,665	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 7/2/2012 2:04 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,766	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,766	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)		8,107	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		49,484,665	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)		49,484,665	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		92,650,910	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		92,650,910	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.534098	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)		2,664.99	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)		49,484,665	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,423.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,539,180	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,539,180	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XIX		Hospital		Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	52,833,328	30,798	1,715.48	9,119	15,643,462	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	13,248,262	6,780	1,954.02	1,484	2,899,766	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					34,949,357	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					65,031,765	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		737,627		30.00
31.00	INTENSIVE CARE UNIT		636,529		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	OTHER SPECIAL CARE HOT UNIT		51,265		35.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.238268	149,397	35,597	50.00
51.00	RECOVERY ROOM	0.315684	19,592	6,185	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.270525	45,701	12,363	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.628964	100,855	63,434	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.142426	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142313	6,665	949	58.00
59.00	CARDIAC CATHETERIZATION	0.468573	0	0	59.00
60.00	LABORATORY	0.272140	435,750	118,585	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.540531	150,185	81,180	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.278714	102,081	28,451	65.00
66.00	PHYSICAL THERAPY	0.470047	24,979	11,741	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.702434	4,192	2,945	68.00
69.00	ELECTROCARDIOLOGY	1.063507	114,449	121,717	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.291549	5,065	1,477	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.358823	454,000	162,906	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.870088	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.390268	230,259	89,863	73.00
74.00	RENAL DIALYSIS	0.428451	416,750	178,557	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.831977	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	37.143449	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	6.369962	0	0	90.02
90.03	DIABETIC CLINIC	1.045750	94	98	90.03
90.04	GI CLINIC	1.556801	886	1,379	90.04
90.05	CLINIC FOR SPECIAL NEEDS	3.900204	0	0	90.05
90.06	DIETETICS	3.419200	0	0	90.06
90.07	INFUSION ROOM	0.242168	0	0	90.07
90.08	CARDIOLOGY CLINIC	0.984588	335	330	90.08
90.09	PULMONARY CLINIC	1.471808	134	197	90.09
90.10	ENT CLINIC	0.953970	0	0	90.10
90.11	ORTHOPEDIC CLINIC	0.895303	0	0	90.11
90.12	EYE CLINIC	0.706447	0	0	90.12
90.13	ONCOLOGY CLINIC	0.770998	1,186	914	90.13
90.14	SURGICAL SPECIALTIES	1.111927	0	0	90.14
90.15	ALLERGY CLINIC	1.255583	0	0	90.15
90.16	LASER CLINIC	0.000000	0	0	90.16
90.17	DERMATOLOGY CLINIC	1.047072	105	110	90.17
90.18	CLINIC ADMINISTRATION	0.000000	0	0	90.18
90.19	CRANIOFACIAL CENTER	0.926448	0	0	90.19
90.20	HEMATOLOGY CLINIC	1.601296	0	0	90.20
90.21	SPINA BIFIDA	2.510279	0	0	90.21
90.22	NEUROSCIENCES CLINIC	2.351675	0	0	90.22
90.23	RHEUMATOLOGY CLINIC	1.769097	0	0	90.23
90.24	ENDOCRINE CLINIC	1.312257	0	0	90.24
90.25	RENAL CLINIC	1.087852	362	394	90.25
90.26	GREENWAY CLINIC	0.721792	0	0	90.26
90.27	NEW BERLIN CLINIC	1.459351	0	0	90.27
91.00	EMERGENCY	0.665628	15,519	10,330	91.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.945716	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	1.327220	536	711	98.00
98.01	TRANSPORT	1.008699	7,624	7,690	98.01
98.02	GENETICS CENTER	3.204348	0	0	98.02
98.03	NUCLEAR MEDICINE	0.510373	0	0	98.03
98.04	CHILD DEVELOPMENT	1.807825	0	0	98.04
98.05	CHILD PROTECTION CENTER	1.903335	0	0	98.05
98.06	DENTAL SRVC	0.909070	0	0	98.06
200.00	Total (sum of lines 50-94 and 96-98)		2,286,701	938,103	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)		2,286,701		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		20,477,302		30.00
31.00	INTENSIVE CARE UNIT		46,196,130		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	OTHER SPECIAL CARE HOT UNIT		5,324,399		35.00
40.00	SUBPROVIDER - I/PF		0		40.00
41.00	SUBPROVIDER - I/RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.238268	4,625,724	1,102,162	50.00
51.00	RECOVERY ROOM	0.315684	592,224	186,956	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.270525	620,324	167,813	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.628964	2,173,746	1,367,208	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.142426	797,464	113,580	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.142313	1,005,746	143,131	58.00
59.00	CARDIAC CATHETERIZATION	0.468573	0	0	59.00
60.00	LABORATORY	0.272140	15,878,448	4,321,161	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.540531	2,406,203	1,300,627	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.278714	10,496,507	2,925,523	65.00
66.00	PHYSICAL THERAPY	0.470047	1,260,262	592,382	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.702434	469,392	329,717	68.00
69.00	ELECTROCARDIOLOGY	1.063507	1,082,374	1,151,112	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.291549	1,078,205	314,350	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.358823	21,951,518	7,876,710	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.870088	2,454,961	2,136,032	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.390268	24,011,497	9,370,919	73.00
74.00	RENAL DIALYSIS	0.428451	149,391	64,007	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.831977	0	0	90.00
90.01	ID PRIM CARE SUPP NETWORK	37.143449	0	0	90.01
90.02	PAIN/PALLIATIVE CARE	6.369962	0	0	90.02
90.03	DIABETIC CLINIC	1.045750	99	104	90.03
90.04	GI CLINIC	1.556801	46,112	71,787	90.04
90.05	CLINIC FOR SPECIAL NEEDS	3.900204	545	2,126	90.05
90.06	DIETETICS	3.419200	347	1,186	90.06
90.07	INFUSION ROOM	0.242168	1,559	378	90.07
90.08	CARDIOLOGY CLINIC	0.984588	30,997	30,519	90.08
90.09	PULMONARY CLINIC	1.471808	2,993	4,405	90.09
90.10	ENT CLINIC	0.953970	2,602	2,482	90.10
90.11	ORTHOPEDIC CLINIC	0.895303	3,948	3,535	90.11
90.12	EYE CLINIC	0.706447	182	129	90.12
90.13	ONCOLOGY CLINIC	0.770998	84,477	65,132	90.13
90.14	SURGICAL SPECIALTIES	1.111927	3,614	4,019	90.14
90.15	ALLERGY CLINIC	1.255583	349	438	90.15
90.16	LASER CLINIC	0.000000	0	0	90.16
90.17	DERMATOLOGY CLINIC	1.047072	621	650	90.17
90.18	CLINIC ADMINISTRATION	0.000000	0	0	90.18
90.19	CRANIOFACIAL CENTER	0.926448	277	257	90.19
90.20	HEMATOLOGY CLINIC	1.601296	323	517	90.20
90.21	SPIRIBIFIDA	2.510279	633	1,589	90.21
90.22	NEUROSCIENCES CLINIC	2.351675	4,392	10,329	90.22
90.23	RHEUMATOLOGY CLINIC	1.769097	340	601	90.23
90.24	ENDOCRINE CLINIC	1.312257	0	0	90.24
90.25	RENAL CLINIC	1.087852	1,092	1,188	90.25
90.26	GREENWAY CLINIC	0.721792	0	0	90.26
90.27	NEW BERLIN CLINIC	1.459351	915	1,335	90.27
91.00	EMERGENCY	0.665628	678,186	451,420	91.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/2/2012 2:04 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.945716	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	PSYCHIATRY - OFFICE BLDG	1.327220	72,030	95,600	98.00
98.01	TRANSPORT	1.008699	675,054	680,926	98.01
98.02	GENETICS CENTER	3.204348	10,049	32,200	98.02
98.03	NUCLEAR MEDICINE	0.510373	45,290	23,115	98.03
98.04	CHILD DEVELOPMENT	1.807825	0	0	98.04
98.05	CHILD PROTECTION CENTER	1.903335	0	0	98.05
98.06	DENTAL SRVC	0.909070	0	0	98.06
200.00	Total (sum of lines 50-94 and 96-98)		92,721,012	34,949,357	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)		92,721,012		202.00

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 7/2/2012 2:04 pm

Cost Center Description	Kidney			Hospital	Tefra		
	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	8,351	1,423.36	7	9,964	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,715.48	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE HOT UNIT	47.00	0	1,954.02	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		8,351		7	9,964	7.00
Cost Center Description	C			Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
	0			1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.238268	0	0	8.00
9.00	RECOVERY ROOM		51.00	0.315684	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.000000	0	0	10.00
11.00	ANESTHESIOLOGY		53.00	0.270525	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.628964	366	230	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.142426	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.142313	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.468573	0	0	17.00
18.00	LABORATORY		60.00	0.272140	8,711	2,371	18.00
18.01	BLOOD LABORATORY		60.01	0.000000	2,725	0	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.540531	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.278714	0	0	23.00
24.00	PHYSICAL THERAPY		66.00	0.470047	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.000000	0	0	25.00
26.00	SPEECH PATHOLOGY		68.00	0.702434	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	1.063507	0	0	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.291549	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.358823	2,725	978	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS		72.00	0.870088	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.390268	5,300	2,068	31.00
32.00	RENAL DIALYSIS		74.00	0.428451	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS						34.00
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.831977	0	0	37.00
37.01	ID PRIM CARE SUPP NETWORK		90.01	37.143449	0	0	37.01
37.02	PAIN/PALLIATIVE CARE		90.02	6.369962	0	0	37.02
37.03	DIABETIC CLINIC		90.03	1.045750	0	0	37.03
37.04	GI CLINIC		90.04	1.556801	0	0	37.04
37.05	CLINIC FOR SPECIAL NEEDS		90.05	3.900204	0	0	37.05
37.06	DIETETICS		90.06	3.419200	0	0	37.06
37.07	INFUSION ROOM		90.07	0.242168	0	0	37.07
37.08	CARDIOLOGY CLINIC		90.08	0.984588	0	0	37.08
37.09	PULMONARY CLINIC		90.09	1.471808	0	0	37.09
37.10	ENT CLINIC		90.10	0.953970	0	0	37.10
37.11	ORTHOPEDIC CLINIC		90.11	0.895303	0	0	37.11
37.12	EYE CLINIC		90.12	0.706447	0	0	37.12
37.13	ONCOLOGY CLINIC		90.13	0.770998	0	0	37.13
37.14	SURGICAL SPECIALTIES		90.14	1.111927	0	0	37.14
37.15	ALLERGY CLINIC		90.15	1.255583	0	0	37.15
37.16	LASER CLINIC		90.16	0.000000	0	0	37.16
37.17	DERMATOLOGY CLINIC		90.17	1.047072	0	0	37.17
37.18	CLINIC ADMINISTRATION		90.18	0.000000	0	0	37.18
37.19	CRANIOFACIAL CENTER		90.19	0.926448	0	0	37.19
37.20	HEMATOLOGY CLINIC		90.20	1.601296	0	0	37.20
37.21	SPINA BIFIDA		90.21	2.510279	0	0	37.21
37.22	NEUROSCIENCES CLINIC		90.22	2.351675	0	0	37.22
37.23	RHEUMATOLOGY CLINIC		90.23	1.769097	0	0	37.23
37.24	ENDOCRINE CLINIC		90.24	1.312257	0	0	37.24
37.25	RENAL CLINIC		90.25	1.087852	108	117	37.25
37.26	GREENWAY CLINIC		90.26	0.721792	0	0	37.26

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 7/2/2012 2:04 pm

Cost Center Description		Kidney		Hospital		Tefra	
		C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
37.27	NEW BERLIN CLINIC	90.27	1.459351	0	0	0	37.27
38.00	EMERGENCY	91.00	0.665628	0	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.000000	0	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			19,935	5,764		41.00
Cost Center Description		D		Organ Acquisition		Organ Acquisition	
			Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Charges	Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	7	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE HOT UNIT	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			7	0	0	48.00
Cost Center Description		D		Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4		Organ Acquisition Costs (col. 1 x col. 2)	
			Organ Charges (see instructions)				
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	ID PRIM CARE SUPP NETWORK	23.01	0	0.000000	0	0	51.01
51.02	PAIN/PALLIATIVE CARE	23.02	0	0.000000	0	0	51.02
51.03	DIABETIC CLINIC	23.03	0	0.000000	0	0	51.03
51.04	GI CLINIC	23.04	0	0.000000	0	0	51.04
51.05	CLINIC FOR SPECIAL NEEDS	23.05	0	0.000000	0	0	51.05
51.06	DIETETICS	23.06	0	0.000000	0	0	51.06
51.07	INFUSION ROOM	23.07	0	0.000000	0	0	51.07
51.08	CARDIOLOGY CLINIC	23.08	0	0.000000	0	0	51.08
51.09	PULMONARY CLINIC	23.09	0	0.000000	0	0	51.09
51.10	ENT CLINIC	23.10	0	0.000000	0	0	51.10
51.11	ORTHOPEDIC CLINIC	23.11	0	0.000000	0	0	51.11
51.12	EYE CLINIC	23.12	0	0.000000	0	0	51.12
51.13	ONCOLOGY CLINIC	23.13	0	0.000000	0	0	51.13
51.14	SURGICAL SPECIALTIES	23.14	0	0.000000	0	0	51.14
51.15	ALLERGY CLINIC	23.15	0	0.000000	0	0	51.15
51.16	LASER CLINIC	23.16	0	0.000000	0	0	51.16
51.17	DERMATOLOGY CLINIC	23.17	0	0.000000	0	0	51.17
51.18	CLINIC ADMINISTRATION	23.18	0	0.000000	0	0	51.18
51.19	CRANIOFACIAL CENTER	23.19	0	0.000000	0	0	51.19
51.20	HEMATOLOGY CLINIC	23.20	0	0.000000	0	0	51.20
51.21	SPINA BIFIDA	23.21	0	0.000000	0	0	51.21
51.22	NEUROSCIENCES CLINIC	23.22	0	0.000000	0	0	51.22
51.23	RHEUMATOLOGY CLINIC	23.23	0	0.000000	0	0	51.23
51.24	ENDOCRINE CLINIC	23.24	0	0.000000	0	0	51.24
51.25	RENAL CLINIC	23.25	108	0.000000	0	0	51.25
51.26	GREENWAY CLINIC	23.26	0	0.000000	0	0	51.26
51.27	NEW BERLIN CLINIC	23.27	0	0.000000	0	0	51.27
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)			108	0	0	55.00

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

Provider CCN: 523300

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 7/2/2012 2:04 pm

		Kidney		Hospital		Tefra	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	15,728		28,286			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	930,926		167,500			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	946,654		195,786			61.00
62.00	Total Usable Organs (see instructions)		12				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.166667				64.00
65.00	Medicare Cost/Charges (see instructions)	157,776		32,631			65.00
66.00	Revenue for Organs Sold	0		0			66.00
67.00	Subtotal (line 65 minus line 66)	157,776		32,631			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	157,776	0	32,631	0	0	69.00
Cost Center Description				Living Related	Cadaveric	Revenue	
				1.00	2.00	3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		10		2		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0		0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0		0		72.00
73.00	Organs Purchased from OPOs		0		0		73.00
74.00	Total (sum of lines 70 thru 73)		10		2		74.00
75.00	Organs Transplanted		10		2	0	75.00
76.00	Organs Sold to Other Hospitals		0		0	0	76.00
77.00	Organs Sold to OPOs		0		0	0	77.00
78.00	Organs Sold to Transplant Hospitals		0		0	0	78.00
79.00	Organs Sold to Military or VA Hospitals		0		0	0	79.00
80.00	Organs Sold Outside the U.S.		0		0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0		0		81.00
82.00	Organs Used for Research		0		0		82.00
83.00	Unusable/Discarded Organs		0		0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		10		2		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,020,383	2.00
3.00	PPS payments		593,886	3.00
4.00	Outlier payment (see instructions)		262,292	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.644	5.00
6.00	Line 2 times line 5		657,127	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		856,178	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		83,778	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)		772,400	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		26,923	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)		799,323	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		799,323	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		799,323	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)		799,323	40.00
41.00	Interim payments		548,376	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)		250,947	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 523300

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

Worksheet E-1
Part I
Date/Time Prepared:
7/2/2012 2:04 pm

Title XVIII

Hospital

Tefra

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		634,105		548,376	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) Program to Provider					3.00
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)		634,105		548,376	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) Program to Provider					5.00
Provider to Program						
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		192,480		250,947	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		826,585		799,323	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		12,178	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		262	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		72,344	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		858,018,573	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		0	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part I Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra
		1.00		
PART I - MEDICARE PART A SERVICES - TEFRA				
1.00	Inpatient hospital services (see instructions)		658,615	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)		157,776	2.00
3.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		816,391	4.00
5.00	Primary payer payments		0	5.00
6.00	Subtotal (line 4 less line 5)		816,391	6.00
7.00	Deductibles		29,432	7.00
8.00	Subtotal (line 6 minus line 7)		786,959	8.00
9.00	Coinsurance		0	9.00
10.00	Subtotal (line 8 minus line 9)		786,959	10.00
11.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	11.00
12.00	Adjusted reimbursable bad debts (see instructions)		0	12.00
13.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	13.00
14.00	Subtotal (sum of lines 10 and 12)		786,959	14.00
15.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		39,626	15.00
16.00	THIS LINE SHOULD NOT BE USED			16.00
17.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	17.00
17.99	Recovery of Accelerated Depreciation		0	17.99
18.00	Total amount payable to the provider (see instructions)		826,585	18.00
19.00	Interim payments		634,105	19.00
20.00	Tentative settlement (for contractor use only)		0	20.00
21.00	Balance due provider/program (line 18 minus the sum lines 19 and 20)		192,480	21.00
22.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	22.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 7/2/2012 2:04 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		65,031,765	1.00
2.00	Medical and other services		25,690,992	2.00
3.00	Organ acquisition (certified transplant centers only)		636,984	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		91,359,741	4.00
5.00	Inpatient primary payer payments		2,798,257	5.00
6.00	Outpatient primary payer payments		228,169	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		88,333,315	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		77,997,831	8.00
9.00	Ancillary service charges		138,702,400	9.00
10.00	Organ acquisition charges, net of revenue		636,984	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		217,337,215	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		217,337,215	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		125,977,474	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		91,359,741	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		91,359,741	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		88,333,315	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		50,164	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		88,283,151	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		88,283,151	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		88,283,151	40.00
41.00	Interim payments		62,792,022	41.00
42.00	Balance due provider/program (line 40 minus 41)		25,491,129	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 7/2/2012 2:04 pm	
		Title XVII I	Hospital	Tefra	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			120.16	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			120.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			204.15	6.00
7.00	Enter the lesser of line 5 or line 6			120.16	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.	82.67	83.06	165.73	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.	48.66	48.89	97.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		7.64		10.00
11.00	Total weighted FTE count	48.66	56.53		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	80.45	71.64		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	77.95	67.45		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	69.02	65.21		14.00
15.00	Adjustment for residents in initial years of new programs	52.02	47.72		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	121.04	112.93		17.00
18.00	Per resident amount	78,529.99	78,529.99		18.00
19.00	Approved amount for resident costs	9,505,270	8,868,392	18,373,662	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)			3.50	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			83.99	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			2.84	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)			18,373,662	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	262	0		26.00
27.00	Total Inpatient Days	72,344	72,344		27.00
28.00	Ratio of inpatient days to total inpatient days	0.003622	0.000000		28.00
29.00	Program direct GME amount	66,549	0		29.00
30.00	Reduction for direct GME payments for Medicare managed care		0		30.00
31.00	Net Program direct GME amount			66,549	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 7/2/2012 2:04 pm
		Title XVIII	Hospital	Tefra
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,427,805	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		1,344,028	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		157,776	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		1,501,804	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,020,383	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,020,383	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		2,522,187	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.595437	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.404563	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		66,549	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		39,626	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		26,923	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	Date/Time Prepared: 7/2/2012 2:04 pm	
		1.00	2.00	3.00	4.00		
CURRENT ASSETS							
1.00	Cash on hand in banks	12,484,075	0	0	0	1.00	
2.00	Temporary investments	0	0	0	0	2.00	
3.00	Notes receivable	0	0	0	0	3.00	
4.00	Accounts receivable	66,907,090	0	0	0	4.00	
5.00	Other receivable	42,583,329	0	0	0	5.00	
6.00	Allowances for uncollectible notes and accounts receivable	-4,152,687	0	0	0	6.00	
7.00	Inventory	3,821,990	0	0	0	7.00	
8.00	Prepaid expenses	2,528,186	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)	124,171,983	0	0	0	11.00	
FIXED ASSETS							
12.00	Land	0	0	0	0	12.00	
13.00	Land improvements	10,325,409	0	0	0	13.00	
14.00	Accumulated depreciation	-1,538,977	0	0	0	14.00	
15.00	Buildings	387,575,773	0	0	0	15.00	
16.00	Accumulated depreciation	-131,590,224	0	0	0	16.00	
17.00	Leasehold improvements	92,607,922	0	0	0	17.00	
18.00	Accumulated depreciation	-32,621,520	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	57,125	0	0	0	21.00	
22.00	Accumulated depreciation	-42,012	0	0	0	22.00	
23.00	Major movable equipment	163,719,415	0	0	0	23.00	
24.00	Accumulated depreciation	-73,521,156	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)	414,971,755	0	0	0	30.00	
OTHER ASSETS							
31.00	Investments	283,061,652	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	391,432,268	0	0	0	34.00	
35.00	Total other assets (sum of lines 31-34)	674,493,920	0	0	0	35.00	
36.00	Total assets (sum of lines 11, 30, and 35)	1,213,637,658	0	0	0	36.00	
CURRENT LIABILITIES							
37.00	Accounts payable	22,160,139	0	0	0	37.00	
38.00	Salaries, wages, and fees payable	3,484,390	0	0	0	38.00	
39.00	Payroll taxes payable	2,281,502	0	0	0	39.00	
40.00	Notes and loans payable (short term)	3,991,907	0	0	0	40.00	
41.00	Deferred income	664,431	0	0	0	41.00	
42.00	Accelerated payments	0	0	0	0	42.00	
43.00	Due to other funds	0	0	0	0	43.00	
44.00	Other current liabilities	40,748,288	0	0	0	44.00	
45.00	Total current liabilities (sum of lines 37 thru 44)	73,330,657	0	0	0	45.00	
LONG TERM LIABILITIES							
46.00	Mortgage payable	0	0	0	0	46.00	
47.00	Notes payable	309,371,116	0	0	0	47.00	
48.00	Unsecured loans	0	0	0	0	48.00	
49.00	Other long term liabilities	82,716,077	0	0	0	49.00	
50.00	Total long term liabilities (sum of lines 46 thru 49)	392,087,193	0	0	0	50.00	
51.00	Total liabilities (sum of lines 45 and 50)	465,417,850	0	0	0	51.00	
CAPITAL ACCOUNTS							
52.00	General fund balance	748,219,808	0	0	0	52.00	
53.00	Specific purpose fund	0	0	0	0	53.00	
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00	
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00	
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00	
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00	
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00	
59.00	Total fund balances (sum of lines 52 thru 58)	748,219,808	0	0	0	59.00	
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	1,213,637,658	0	0	0	60.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 523300

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

Worksheet G-1

Date/Time Prepared:
7/2/2012 2:04 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		746,317,758		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		63,903,565			2.00
3.00	Total (sum of line 1 and line 2)		810,221,323		0	3.00
4.00	CAPITAL ACQUISITION	2,752,268		0		4.00
5.00	INTEREST IN CHF	731,458		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)		3,483,726		0	10.00
11.00	Subtotal (line 3 plus line 10)		813,705,049		0	11.00
12.00	PENSION ADJUSTMENTS	52,011,947		0		12.00
13.00	TRANSFER TO AFFILIATES	13,473,294		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)		65,485,241		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		748,219,808		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 523300

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

Worksheet G-1

Date/Time Prepared:
7/2/2012 2:04 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 CAPITAL ACQUISITION	0		0			4.00
5.00 INTEREST IN CHF	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 PENSION ADJUSTMENTS	0		0			12.00
13.00 TRANSFER TO AFFILIATES	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 523300

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

Worksheet G-2 Parts

Date/Time Prepared:
7/2/2012 2:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	92,650,910		92,650,910	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	92,650,910		92,650,910	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	137,786,426		137,786,426	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE HOT UNIT	21,817,850		21,817,850	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	159,604,276		159,604,276	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	252,255,186		252,255,186	17.00
18.00	Ancillary services	329,674,474	209,406,412	539,080,886	18.00
19.00	Outpatient services	0	67,291,633	67,291,633	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	581,929,660	276,698,045	858,627,705	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		471,437,550		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)		471,437,550		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 523300

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

Worksheet G-3

Date/Time Prepared:
7/2/2012 2:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	858,627,705	1.00
2.00	Less contractual allowances and discounts on patients' accounts	346,525,740	2.00
3.00	Net patient revenues (line 1 minus line 2)	512,101,965	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	471,437,550	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,664,415	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,745,505	6.00
7.00	Income from investments	10,839,024	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	1,049,977	11.00
12.00	Parking lot receipts	54,124	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,496,478	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,394,890	17.00
18.00	Revenue from sale of medical records and abstracts	2,869	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	266,711	20.00
21.00	Rental of vending machines	53,371	21.00
22.00	Rental of hospital space	5,442,134	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	9,160,300	24.00
25.00	Total other income (sum of lines 6-24)	32,505,383	25.00
26.00	Total (line 5 plus line 25)	73,169,798	26.00
27.00	OTHER EXPENSES (SPECIFY)	9,266,233	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,266,233	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	63,903,565	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 523300

Period:

Worksheet I-1

Component CCN: 522319

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

Date/Time Prepared:
7/2/2012 2:04 pm

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	150,344	Hours of Service	42.00	0.02	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	1,548	Hours of Service	70.00	0.03	5.00
6.00	Dieticians	0	Hours of Service	250.00	0.12	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	76,257	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	228,149				9.00
10.00	Employee Benefits	81,544	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	42,019	Percentage of Time			13.00
14.00	Supplies	131,683	Requisitions			14.00
15.00	Drugs	26,227	Requisitions			15.00
16.00	Other	2,361	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	511,983				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	57,122	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	30,614	Percentage of Time			19.00
20.00	Employee Benefits	8,122	Salary			20.00
21.00	Administrative & General	150,732	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	70,609	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	120	Requisitions			25.00
26.00	Other Allocated Costs	83,796	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	913,098				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)	913,098				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: 523300	Period: From 01/01/2011	Worksheet 1-2
		Component CCN: 522319	To 12/31/2011	Date/Time Prepared: 7/2/2012 2:04 pm
		Renal Dialysis		

		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	127,731	72,633	150,344	1,548	89,666	1.00
MAINTENANCE							
2.00	Hemodialysis	91,316	41,154	130,324	877	86,789	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	36,415	31,479	20,020	671	2,877	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)	127,731	72,633	150,344	1,548	89,666	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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2
		Component CCN: 522319		Date/Time Prepared: 7/2/2012 2:04 pm

		Drugs	Medical Supplies	Routine Ancillary Services	Renal Dialysis	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	26,347	131,683	0	599,952	313,146		1.00
MAINTENANCE								
2.00	Hemodialysis	26,347	94,157	0	470,964	245,820		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	37,526	0	128,988	67,326		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)	0						14.00
15.00	ARANESP (include in Renal Department)	0						15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	26,347	131,683	0	599,952	313,146		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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2
		Component CCN: 522319		Date/Time Prepared: 7/2/2012 2:04 pm
			Renal Dialysis	

		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	913,098	1.00
MAINTENANCE			
2.00	Hemodialysis	716,784	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	0	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	0	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	0	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	196,314	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)	913,098	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	913,098	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300

Period: From 01/01/2011

Worksheet 1-3

Component CCN: 522319

To 12/31/2011

Date/Time Prepared: 7/2/2012 2:04 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		127,731	72,633	150,344	1,548	1.00
MAINTENANCE							
2.00	Hemodialysis		1,640	56.66	6,699.00	94.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	0.00	0.00	0.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	279	654	43.34	1,029.07	72.00	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		2,294	100.00	7,728.07	166.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		55.680471	726.330000	19.454275	9.325301	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300
Component CCN: 522319

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

Worksheet 1-3
Date/Time Prepared:
7/2/2012 2:04 pm

		Renal Dialysis				Subtotal	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)		
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	89,666	26,347	131,683	0	599,952	1.00
MAINTENANCE							
2.00	Hemodialysis	269,385	135	24,637	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	0	0	0	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	8,930	0	9,819	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	278,315	135	34,456	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.322175	195.162963	3.821773	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 523300
Component CCN: 522319

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

Worksheet 1-3
Date/Time Prepared:
7/2/2012 2:04 pm

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	313,146	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	599,952	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.521952	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 523300

Period: From 01/01/2011

Worksheet 1-4

Component CCN: 522319

To 12/31/2011

Date/Time Prepared: 7/2/2012 2:04 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	187	716,784	3,833.07	27	103,493	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	187	716,784		27	103,493	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 523300
Component CCN: 522319

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

Worksheet 1-4
Date/Time Prepared:
7/2/2012 2:04 pm

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	Rate 0	Renal Dialysis
		6.00	7.00		
1.00	Maintenance - Hemodialysis	21,468	795.11		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)	21,468			11.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet I-1 Date/Time Prepared: 7/2/2012 2:04 pm
		Home Program Dialysis	Tefra

		Total Costs	Bas is	Statist ics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	18,901	Hours of Service	416.00	0.20	1.00
2.00	Licensed Practical Nurses		Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	0	Hours of Service	0.00	0.00	4.00
5.00	Social Workers	10,142	Hours of Service	333.00	0.16	5.00
6.00	Dieticians	13,785	Hours of Service	395.00	0.19	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	0	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	42,828				9.00
10.00	Employee Benefits	11,576	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	134,960	Requisitions			14.00
15.00	Drugs	0	Requisitions			15.00
16.00	Other	0	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	189,364				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	16,041	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			19.00
20.00	Employee Benefits	512	Salary			20.00
21.00	Administrative & General	51,063	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	19,828	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	3,733	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	280,541				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)	280,541				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: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-2	
				Home Program Dialysis		Date/Time Prepared: 7/2/2012 2:04 pm	
						Tefra	
		Capital Related Costs		Direct Patient Care Salary			
		Buiding	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	35,869	0	18,901	23,927	12,088	
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	
3.00	Intermittent Peritoneal	0	0	0	0	0	
TRAINING							
4.00	Hemodialysis	102	0	0	119	62	
5.00	Intermittent Peritoneal	0	0	0	0	0	
6.00	CAPD	0	0	0	0	0	
7.00	CCDP	153	0	0	119	0	
HOME							
8.00	Hemodialysis	0	0	0	0	0	
9.00	Intermittent Peritoneal	0	0	0	0	0	
10.00	CAPD	0	0	0	0	0	
11.00	CCDP	17,807	0	9,336	11,700	5,941	
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	
13.00	Method II Home Patient	0	0	228	288	144	
14.00	EPO (include in Renal Department)						
15.00	ARANESP (include in Renal Department)						
16.00	Other	17,807	0	9,337	11,701	5,941	
17.00	Total (sum of lines 2-16)	35,869	0	18,901	23,927	12,088	
18.00	Medical Educational Program Costs						
19.00	Total Renal Costs (line 17 + line 18)						

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 523300			Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2 Date/Time Prepared: 7/2/2012 2:04 pm	
					Home Program Dialysis	Tefra	
		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	134,960	0	225,745	54,796	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0	0	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
TRAINING							
4.00	Hemodialysis	0	0	0	283	69	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	272	66	7.00
HOME							
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	134,960	0	179,744	43,630	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	660	160	13.00
14.00	EPO (include in Renal Department)	0	0	0	0	0	14.00
15.00	ARANESP (include in Renal Department)	0	0	0	0	0	15.00
16.00	Other	0	0	0	44,786	10,871	16.00
17.00	Total (sum of lines 2-16)	0	134,960	0	225,745	54,796	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: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-2 Date/Time Prepared: 7/2/2012 2:04 pm
			Home Program Dialysis	Tefra

		Total (col. 9 + col. 10)	
		11.00	
1.00	Total Renal Department Costs	280,541	1.00
MAINTENANCE			
2.00	Hemodialysis	0	2.00
3.00	Intermittent Peritoneal	0	3.00
TRAINING			
4.00	Hemodialysis	352	4.00
5.00	Intermittent Peritoneal	0	5.00
6.00	CAPD	0	6.00
7.00	CCDP	338	7.00
HOME			
8.00	Hemodialysis	0	8.00
9.00	Intermittent Peritoneal	0	9.00
10.00	CAPD	0	10.00
11.00	CCDP	223,374	11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	0	12.00
13.00	Method II Home Patient	820	13.00
14.00	EPO (include in Renal Department)		14.00
15.00	ARANESP (include in Renal Department)		15.00
16.00	Other	55,657	16.00
17.00	Total (sum of lines 2-16)	280,541	17.00
18.00	Medical Educational Program Costs	0	18.00
19.00	Total Renal Costs (line 17 + line 18)	280,541	19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-3	
				Home Program Dialysis		Date/Time Prepared: 7/2/2012 2:04 pm	
		Capital Related Costs		Direct Patient Care Salary			
		Bui l di ng (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		35,869	0	18,901	23,927	1.00
MAINTENANCE							
2.00	Hemodialysis		0	0.00	0.00	0.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
TRAINING							
4.00	Hemodialysis		4	1.01	0.00	7.00	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		6	1.01	0.00	7.00	7.00
HOME							
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		700	96.64	41.00	690.00	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0.00	0.00	0.00	12.00
13.00	Method II Home Patient		0	2.41	1.00	17.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		700	96.64	41.00	690.00	16.00
17.00	Total Statistical Basis		1,410	197.71	83.00	1,411.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		25.439007	0.000000	227.722892	16.957477	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 523300		Period: From 01/01/2011 To 12/31/2011		Worksheet 1-3 Date/Time Prepared: 7/2/2012 2:04 pm	
				Home Program Dialysis		Tefra	
	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	12,088	0	134,960	0	225,745	1.00
MAINTENANCE							
2.00	Hemodialysis	0	0	0	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
TRAINING							
4.00	Hemodialysis	391	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
HOME							
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	37,508	0	134,960	0		11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0	0		12.00
13.00	Method II Home Patient	912	0	0	0		13.00
14.00	EPO	0	0	0	0		14.00
15.00	ARANESP	0	0	0	0		15.00
16.00	Other	37,508	0	0	0		16.00
17.00	Total Statistical Basis	76,319	0	134,960	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.158388	0.000000	1.000000	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-3 Date/Time Prepared: 7/2/2012 2:04 pm
			Home Program Dialysis	Tefra

		Overhead (Accum. Cost)	
		10.00	
1.00	Total Renal Department Costs	54,796	1.00
MAINTENANCE			
2.00	Hemodialysis		2.00
3.00	Intermittent Peritoneal		3.00
TRAINING			
4.00	Hemodialysis		4.00
5.00	Intermittent Peritoneal		5.00
6.00	CAPD		6.00
7.00	CCDP		7.00
HOME			
8.00	Hemodialysis		8.00
9.00	Intermittent Peritoneal		9.00
10.00	CAPD		10.00
11.00	CCDP		11.00
OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments		12.00
13.00	Method II Home Patient		13.00
14.00	EPO		14.00
15.00	ARANESP		15.00
16.00	Other		16.00
17.00	Total Statistical Basis	225,745	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.242734	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 523300

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

Worksheet 1-4

Date/Time Prepared:
7/2/2012 2:04 pm

Rate 0

Home Program
Dialysis

Tefra

		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	0	0	0.00	0	0	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	15	352	23.47	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	26	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	251	338	1.35	1	1	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	223,374	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)	292	224,064		1	1	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	Worksheet 1-4 Date/Time Prepared: 7/2/2012 2:04 pm
	Rate 0	Home Program Dialysis	Tefra

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)	
		6.00	7.00	
1.00	Maintenance - Hemodialysis	0	0.00	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00	2.00
3.00	Training - Hemodialysis	0	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	176	176.00	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)	176		11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 523300

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

Worksheet 1-5

Date/Time Prepared:
7/2/2012 2:04 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	103,494	1.00
2.00	Total payment (from Worksheet 1-4, column 6, line 11)	21,644	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)	17,315	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	86,179	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

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 523300	Period: From 01/01/2011 To 12/31/2011	AIR Worksheet Not a CMS Worksheet Date/Time Prepared: 7/2/2012 2:04 pm
			1.00	
1.00	Total general inpatient routine service cost.		0	1.00
2.00	Total inpatient days.		72,344	2.00
3.00	Cost per day.		0.00	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).		98	4.00
5.00	Reduced cost per day.		0.00	5.00
6.00	Ancillary percentage.		0	6.00
7.00	Ancillary cost per day.		0.00	7.00
8.00	Inpatient Part B days.		0	8.00
9.00	Total Part B ancillary cost.		0	9.00