

Medicare Cost Report

Columbus Regional Hospital

Provider Numbers

15-0112

15-T112

Year Ended December 31, 2011

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: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet 5 Parts I-III Date/Time Prepared: 5/29/2012 9:49 pm
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/29/2012 Time: 9:49 pm

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 COLUMBUS REGIONAL HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/29/2012 Time: 9:49 pm
 GYVNW9gRIML9x:QsZN7P:1F000qz0
 80Sry0Md5gHzueFXu6tMZega9UBacj
 8Apu1i0:gw0dIf3L
 PI: Date: 5/29/2012 Time: 9:49 pm
 DyUJHqS9Ypt:REPxwRMV7MZilj2SI1
 T3fLB01osIF.0vYkBXwahZqKUN2.nr
 S13G75bhGg0Gdyhg

(Signed) Mark A. Weatherway
 Officer or Administrator of Provider(s)
CFO & VP Finance
 Title
 Date May 30, 2012

	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	-152,776	151,600	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	35,865	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	-116,911	151,600	0	0	200.00

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

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: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 9:49 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2012 Time: 9:49 pm	
	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.		
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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(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	-152,776	151,600	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	35,865	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	-116,911	151,600	0	0 200.00

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 ECR: Date: 5/29/2012 Time: 9:49 pm
 GYvNKw9gRI ML9x: QszN7P: I F00QqzO
 80Sry0Md5gHzUeFxU6tMZEga9UBacj
 8Apu1iO: gW0dl f3L
 PI: Date: 5/29/2012 Time: 9:49 pm
 DywJHqS9YPt: REPxWrmV7MZi Lj 2SI 1
 T3fLB01osI F. 0VvkBxwaHZqKUN2. nr
 S13G75bHqG0GDyhg

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

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 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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5.00 Swing bed - SNF	0	0	0	0	0	5.00
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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
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:24 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2400 EAST 17TH STREET			PO Box:						1.00	
2.00	City: COLUMBUS			State: IN		Zip Code: 47201-		County: BARTHOLOMEW		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII		XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		COLUMBUS REGIONAL HOSPITAL	150112	18020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		COLUMBUS REGIONAL REHAB UNIT	15T112	18020	5	01/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC										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										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	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)						8				21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	2,977	2,397	13	0	1,781	68			24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	151	18	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:24 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			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.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150112

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2012 8:24 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.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:24 pm	
				1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.					N	86.00
				V	XIX		
				1.00	2.00		
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N			108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.			N	N	N	N
						1.00	2.00
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.			Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.					1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			1,250,000		7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 8:24 pm		
			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					Y		140.00	
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00	
142.00	Street:		PO Box:					142.00	
143.00	City:		State:		Zip Code:			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.							Y	145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital					N	N	155.00	
156.00	Subprovider - IPF					N	N	156.00	
157.00	Subprovider - IRF					N	N	157.00	
158.00	SUBPROVIDER					N	N	158.00	
159.00	SNF					N	N	159.00	
160.00	HOME HEALTH AGENCY					N	N	160.00	
161.00	CMHC						N	161.00	
161.10	CORF						N	161.10	
							1.00		
Multi campus									
165.00	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	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							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)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 8:24 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/25/2012	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	04/25/2012	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

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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		Y		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.		Y		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		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		Y		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/25/2012	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	04/25/2012	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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	132	57,790	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)		132	57,790	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,880	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 (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		150	64,670	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	18	6,570		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					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				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	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)		168			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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:24 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	13,605	4,824	27,998		1.00
2.00 HMO		2,052	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		300	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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	13,605	4,824	27,998		7.00
8.00 INTENSIVE CARE UNIT	0	1,337	360	2,566		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 (SPECIFY)						12.00
13.00 NURSERY	0		2,052	3,590		13.00
14.00 Total (see instructions)	0	14,942	7,236	34,154		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	2,771	169	4,026		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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		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	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		572	3,424		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		2,312				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:24 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	3,853	1.00
2.00 HMO					552	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 (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,308.00	0.00	0	3,853	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	24.00	0.00	0	227	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			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	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)	0.00	1,332.00	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: 150112

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,342	8,507		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 (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,342	8,507		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	14	335		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				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 8:24 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	69,849,513	0	69,849,513	2,736,064.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		184,351	0	184,351	4,160.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,966,588	101,484	4,068,072	222,769.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,169,315	0	1,169,315	19,046.00 11.00
12.00	Management and administrative services		151,426	0	151,426	3,114.00 12.00
13.00	Contract labor: physician-Part A		1,581,249	0	1,581,249	11,138.00 13.00
14.00	Home office salaries & wage-related costs		3,255,195	0	3,255,195	18,756.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		23,767,381	0	23,767,381	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		1,473,862	0	1,473,862	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		66,790	0	66,790	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,284,710	-134,291	1,150,419	29,051.00 26.00
27.00	Administrative & General	5.00	8,795,952	803,216	9,599,168	395,593.00 27.00
28.00	Administrative & General under contract (see inst.)		1,215,931	0	1,215,931	10,877.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,890,828	79,099	1,969,927	80,397.00 30.00
31.00	Laundry & Linen Service	8.00	64,186	0	64,186	4,267.00 31.00
32.00	Housekeeping	9.00	1,446,641	0	1,446,641	112,914.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,617,980	-849,278	768,702	55,525.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	849,278	849,278	61,346.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	3,114,892	-2,698	3,112,194	85,578.00 38.00
39.00	Central Services and Supply	14.00	306,862	0	306,862	20,622.00 39.00
40.00	Pharmacy	15.00	3,091,782	-75,550	3,016,232	82,000.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,314,777	-583,266	731,511	41,602.00 41.00
42.00	Social Service	17.00	380,714	5,208	385,922	13,048.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2012 8:24 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.53	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	44.32	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	18.26	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	61.39	11.00
12.00	Management and administrative services	48.63	12.00
13.00	Contract labor: physician-Part A	141.97	13.00
14.00	Home office salaries & wage-related costs	173.55	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	39.60	26.00
27.00	Administrative & General	24.27	27.00
28.00	Administrative & General under contract (see inst.)	111.79	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.50	30.00
31.00	Laundry & Linen Service	15.04	31.00
32.00	Housekeeping	12.81	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.84	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.84	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.37	38.00
39.00	Central Services and Supply	14.88	39.00
40.00	Pharmacy	36.78	40.00
41.00	Medical Records & Medical Records Library	17.58	41.00
42.00	Social Service	29.58	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 8:24 pm	
		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		70,881,093	0	70,881,093	2,742,781.00	1.00
2.00	Excluded area salaries (see instructions)		3,966,588	101,484	4,068,072	222,769.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		66,914,505	-101,484	66,813,021	2,520,012.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,157,185	0	6,157,185	52,054.00	4.00
5.00	Subtotal wage-related costs (see inst.)		23,767,381	0	23,767,381	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		96,839,071	-101,484	96,737,587	2,572,066.00	6.00
7.00	Total overhead cost (see instructions)		24,525,255	91,718	24,616,973	992,820.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150112

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2012 8:24 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.84	1.00
2.00	Excluded area salaries (see instructions)	18.26	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	118.28	4.00
5.00	Subtotal wage-related costs (see inst.)	35.57	5.00
6.00	Total (sum of lines 3 thru 5)	37.61	6.00
7.00	Total overhead cost (see instructions)	24.80	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150112

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/29/2012 8:24 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	493,239	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,558,022	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	12,279,991	8.00
9.00	Prescription Drug Plan	1,480,224	9.00
10.00	Dental, Hearing and Vision Plan	576,896	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	60,855	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	937,869	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	362,227	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	5,136,981	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	134,866	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	11,373	22.00
23.00	Tuition Reimbursement	275,491	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,308,034	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150112

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,148,221	21,094	1.00
2.00	Hospital	1,148,221	21,094	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 8:24 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.436482		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		7,585,529		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		6,456,717		5.00	
6.00	Medicaid charges		49,742,657		6.00	
7.00	Medicaid cost (line 1 times line 6)		21,711,774		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,669,528		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,669,528		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		13,439,458	19,014,083	32,453,541	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,866,082	8,299,305	14,165,387	21.00
22.00	Partial payment by patients approved for charity care		57,740	7,385,415	7,443,155	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,808,342	913,890	6,722,232	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,890,163			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		787,541			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,102,622			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,155,541			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		12,877,773			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,547,301			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:24 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 NEW CAP REL COSTS-BLDG & FIXT		17,604,155	17,604,155	-6,185,911	11,418,244	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	10,049,568	10,049,568	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,284,710	24,770,049	26,054,759	-2,513,142	23,541,617	4.00
5.01 NONPATIENT TELEPHONES	165,693	281,131	446,824	0	446,824	5.01
5.02 DATA PROCESSING	2,112,283	3,955,974	6,068,257	404,208	6,472,465	5.02
5.03 PURCHASING RECEIVING AND STORES	947,887	391,465	1,339,352	-8,633	1,330,719	5.03
5.04 ADMITTING	932,726	556,093	1,488,819	-10,053	1,478,766	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,300,291	1,193,167	2,493,458	580,803	3,074,261	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	3,337,072	22,570,881	25,907,953	-2,029,676	23,878,277	5.06
7.00 OPERATION OF PLANT	1,890,828	5,564,546	7,455,374	-1,589,478	5,865,896	7.00
8.00 LAUNDRY & LINEN SERVICE	64,186	608,380	672,566	0	672,566	8.00
9.00 HOUSEKEEPING	1,446,641	365,410	1,812,051	0	1,812,051	9.00
10.00 DIETARY	1,617,980	998,616	2,616,596	-1,373,452	1,243,144	10.00
11.00 CAFETERIA	0	0	0	1,373,452	1,373,452	11.00
13.00 NURSING ADMINISTRATION	3,114,892	189,115	3,304,007	53,493	3,357,500	13.00
14.00 CENTRAL SERVICES & SUPPLY	306,862	212,326	519,188	-2,481	516,707	14.00
15.00 PHARMACY	3,091,782	561,649	3,653,431	-75,550	3,577,881	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,314,777	612,838	1,927,615	-583,266	1,344,349	16.00
17.00 SOCIAL SERVICE	380,714	2,005	382,719	7,202	389,921	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 XRAY EDUCATION	145,574	2,852	148,426	0	148,426	23.01
23.02 PHARMACY RESIDENCY PROG	93,179	2,060	95,239	0	95,239	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,967,661	1,524,510	14,492,171	-279,540	14,212,631	30.00
31.00 INTENSIVE CARE UNIT	1,770,739	341,034	2,111,773	-70,205	2,041,568	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,239,548	62,883	1,302,431	116,614	1,419,045	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	600,448	24,660	625,108	-18,928	606,180	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,084,126	11,739,532	16,823,658	-9,064,505	7,759,153	50.00
51.00 RECOVERY ROOM	760,417	96,219	856,636	-28,924	827,712	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	200,777	200,777	63,730	264,507	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,605,594	237,509	1,843,103	72,214	1,915,317	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	316,438	632,306	948,744	-174,041	774,703	54.01
54.02 ULTRA SOUND	475,137	9,811	484,948	47,616	532,564	54.02
54.03 MAMMOGRAPHY	627,962	223,605	851,567	41,635	893,202	54.03
55.00 RADIOLOGY-THERAPEUTIC	943,275	44,118	987,393	374,310	1,361,703	55.00
57.00 CT SCAN	529,536	212,111	741,647	73,959	815,606	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	236,568	59,711	296,279	94,382	390,661	58.00
59.00 CARDIAC CATHETERIZATION	1,211,554	3,340,055	4,551,609	-2,702,310	1,849,299	59.00
60.00 LABORATORY	3,309,010	2,818,137	6,127,147	16,019	6,143,166	60.00
60.01 LABORATORY-PATHOLOGICAL	391,736	264,022	655,758	165,039	820,797	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	238	964,777	965,015	78,600	1,043,615	62.00
65.00 RESPIRATORY THERAPY	1,528,261	216,662	1,744,923	95,456	1,840,379	65.00
66.00 PHYSICAL THERAPY	2,906,301	576,559	3,482,860	-248,808	3,234,052	66.00
67.00 OCCUPATIONAL THERAPY	632,449	13,967	646,416	286,782	933,198	67.00
68.00 SPEECH PATHOLOGY	468,100	158,746	626,846	-113,102	513,744	68.00
69.00 ELECTROCARDIOLOGY	396,787	77,961	474,748	9,676	484,424	69.00
70.00 ELECTROENCEPHALOGRAPHY	511,131	85,473	596,604	16,927	613,531	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,945,295	5,945,295	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,164,786	8,164,786	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,395,973	10,395,973	0	10,395,973	73.00
74.00 RENAL DIALYSIS	0	311,569	311,569	0	311,569	74.00
76.00 CARDIAC REHABILITATION	73,699	6,378	80,077	0	80,077	76.00
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	443,226	49,429	492,655	365,000	857,655	90.00
90.01 DIABETES CENTER	52,117	70,156	122,273	-35,625	86,648	90.01
90.02 NEUROPSYCH	245,958	12,071	258,029	0	258,029	90.02
90.03 WOUND CENTER	312,909	1,071,113	1,384,022	-372,445	1,011,577	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	0	0	226,640	226,640	90.04
91.00 EMERGENCY	4,172,224	507,728	4,679,952	1,866	4,681,818	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	2,410,699	362,660	2,773,359	-82,777	2,690,582	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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		2,709,169	2,709,169	-2,709,169	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,771,925	119,864,103	189,636,028	-1,546,749	188,089,279	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	WELLNESS COMMUNITY	0	0	0	222,353	222,353	194.00
194.01	BUILDING RENTALS	0	150,889	150,889	-89,309	61,580	194.01
194.02	HOSPICE	0	59,642	59,642	0	59,642	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	146,644	146,644	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	1,301,206	1,301,206	194.05
194.06	CRH FOUNDATION	0	34,066	34,066	-34,145	-79	194.06
194.07	HEALTHY COMMUNITIES	77,588	13,876	91,464	0	91,464	194.07
200.00	TOTAL (SUM OF LINES 118-199)	69,849,513	120,122,576	189,972,089	0	189,972,089	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	503,767	11,922,011	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-439,347	9,610,221	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-50,013	23,491,604	4.00
5.01	NONPATIENT TELEPHONES	-68,393	378,431	5.01
5.02	DATA PROCESSING	-24,787	6,447,678	5.02
5.03	PURCHASING RECEIVING AND STORES	-29,834	1,300,885	5.03
5.04	ADMINISTRATIVE	0	1,478,766	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	3,074,261	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-8,109,158	15,769,119	5.06
7.00	OPERATION OF PLANT	-35,769	5,830,127	7.00
8.00	LAUNDRY & LINEN SERVICE	0	672,566	8.00
9.00	HOUSEKEEPING	-160	1,811,891	9.00
10.00	DIETARY	-4,536	1,238,608	10.00
11.00	CAFETERIA	-1,160,089	213,363	11.00
13.00	NURSING ADMINISTRATION	-43,324	3,314,176	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	516,707	14.00
15.00	PHARMACY	-55,790	3,522,091	15.00
16.00	MEDICAL RECORDS & LIBRARY	-34,271	1,310,078	16.00
17.00	SOCIAL SERVICE	-709	389,212	17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	XRAY EDUCATION	-20,420	128,006	23.01
23.02	PHARMACY RESIDENCY PROG	0	95,239	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-43,898	14,168,733	30.00
31.00	INTENSIVE CARE UNIT	-6,299	2,035,269	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
40.00	SUBPROVIDER - I/P	0	0	40.00
41.00	SUBPROVIDER - I/R	0	1,419,045	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	606,180	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-400,474	7,358,679	50.00
51.00	RECOVERY ROOM	0	827,712	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	-13,658	250,849	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-8,165	1,907,152	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	774,703	54.01
54.02	ULTRA SOUND	0	532,564	54.02
54.03	MAMMOGRAPHY	-2,715	890,487	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	1,361,703	55.00
57.00	CT SCAN	0	815,606	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	390,661	58.00
59.00	CARDIAC CATHETERIZATION	-1,013	1,848,286	59.00
60.00	LABORATORY	-5,683	6,137,483	60.00
60.01	LABORATORY-PATHOLOGICAL	-672	820,125	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,043,615	62.00
65.00	RESPIRATORY THERAPY	-60,822	1,779,557	65.00
66.00	PHYSICAL THERAPY	-850	3,233,202	66.00
67.00	OCCUPATIONAL THERAPY	0	933,198	67.00
68.00	SPEECH PATHOLOGY	-19	513,725	68.00
69.00	ELECTROCARDIOLOGY	-1,099	483,325	69.00
70.00	ELECTROENCEPHALOGRAPHY	-1,352	612,179	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,945,295	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,164,786	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,395,973	73.00
74.00	RENAL DIALYSIS	0	311,569	74.00
76.00	CARDIAC REHABILITATION	0	80,077	76.00
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	-253,590	604,065	90.00
90.01	DIABETES CENTER	-2,050	84,598	90.01
90.02	NEUROPSYCH	-184,351	73,678	90.02
90.03	WOUND CENTER	0	1,011,577	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	226,640	90.04
91.00	EMERGENCY	-27,502	4,654,316	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-1,389,980	1,300,602	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150112

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

Worksheet A
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
99.10	CORF	6.00	7.00	99.10
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	-11,977,025	176,112,254	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	WELLNESS COMMUNITY	0	222,353	194.00
194.01	BUILDING RENTALS	0	61,580	194.01
194.02	HOSPICE	0	59,642	194.02
194.03	OUTREACH CLINICS	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	146,644	194.04
194.05	NONALLOWABLE MARKETING	0	1,301,206	194.05
194.06	CRH FOUNDATION	0	-79	194.06
194.07	HEALTHY COMMUNITIES	0	91,464	194.07
200.00	TOTAL (SUM OF LINES 118-199)	-11,977,025	177,995,064	200.00

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:24 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
B - RECLASS DEPREC BLDG/EQUIP						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,832,533	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	876,636	2.00	
	TOTALS		0	2,709,169		
C - RECLASS INSURANCE						
1.00	OCCUPATI ONAL THERAPY	67.00	0	1,340	1.00	
2.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,154,488	2.00	
3.00	AMBULANCE SERVI CES	95.00	0	22,559	3.00	
4.00	LABORATORY	60.00	0	3,317	4.00	
	TOTALS		0	1,181,704		
D - RECLASS BILLING COST						
1.00	CASHI RING/ACCOUNTS RECEI VABLE	5.05	580,803	0	1.00	
	TOTALS		580,803	0		
E - RECLASS HYPERBARI C THERAPY EXP						
1.00	HYPERBARI C OXYGEN THERAPY	90.04	0	211,776	1.00	
	TOTALS		0	211,776		
F - RECLASS CAFETERI A EXPENSE						
1.00	CAFETERI A	11.00	849,278	524,174	1.00	
	TOTALS		849,278	524,174		
G - RECLASS WELLNESS						
1.00	WELLNESS COMMUNI TY	194.00	134,291	83,719	1.00	
	TOTALS		134,291	83,719		
H - RECLASS PHYSICI AN FEES						
1.00	ADULTS & PEDI ATRICS	30.00	0	142,300	1.00	
2.00	INTENSI VE CARE UNI T	31.00	0	35,800	2.00	
3.00	SUBPROVI DER - IRF	41.00	0	50,000	3.00	
4.00	OPERATI NG ROOM	50.00	0	404,450	4.00	
5.00	ANESTHESI OLOGY	53.00	0	75,000	5.00	
6.00	RADI OLOGY-THERAPEUTI C	55.00	0	150,000	6.00	
7.00	LABORATORY-PATHOLOGI CAL	60.01	0	150,000	7.00	
8.00	RESPI RATORY THERAPY	65.00	0	103,500	8.00	
9.00	ELECTROCARDI OLOGY	69.00	0	5,875	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,450	10.00	
11.00	CARDI AC CATHETERI ZATI ON	59.00	0	5,875	11.00	
12.00	CLINI C	90.00	0	365,000	12.00	
13.00	EMERGENCY	91.00	0	72,000	13.00	
14.00	AMBULANCE SERVI CES	95.00	0	15,000	14.00	
15.00	WOUND CENTER	90.03	0	6,373	15.00	
16.00	HYPERBARI C OXYGEN THERAPY	90.04	0	952	16.00	
	TOTALS		0	1,589,575		
I - RECLASS REHAB SERVI CES						
1.00	OCCUPATI ONAL THERAPY	67.00	12,061	11,631	1.00	
2.00	PHYSI CAL THERAPY	66.00	21,381	10,373	2.00	
3.00	SPEECH PATHOLOGY	68.00	7,675	25,867	3.00	
4.00	SUBPROVI DER - IRF	41.00	78,251	2,939	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	6,853	2,624	5.00	
6.00	SOCI AL SERVI CE	17.00	5,208	1,994	6.00	
7.00	ADULTS & PEDI ATRICS	30.00	22,340	8,554	7.00	
8.00	WOUND CENTER	90.03	10,614	23,625	8.00	
9.00	HYPERBARI C OXYGEN THERAPY	90.04	1,447	12,465	9.00	
	TOTALS		165,830	100,072		
J - RECLASS PROPERTY TAXES						
1.00	OPERATI ON OF PLANT	7.00	0	89,309	1.00	
	TOTALS		0	89,309		
K - RECLASS PENSI ON EXPENSE						
1.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	2,295,132	1.00	
	TOTALS		0	2,295,132		
M - RECLASS DEPRECI ATI ON EQUI PMENT						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	9,172,932	1.00	
	TOTALS		0	9,172,932		
N - RECLASS MAI NTENANCE AGREEMENT						
1.00	RESPI RATORY THERAPY	65.00	0	6,539	1.00	
2.00	CARDI AC CATHETERI ZATI ON	59.00	0	351,669	2.00	
3.00	ELECTROCARDI OLOGY	69.00	0	3,801	3.00	
4.00	OPERATI NG ROOM	50.00	0	178,989	4.00	
5.00	ADULTS & PEDI ATRICS	30.00	0	2,011	5.00	
6.00	RADI OLOGY-THERAPEUTI C	55.00	0	227,892	6.00	
7.00	LABORATORY	60.00	0	83,702	7.00	

RECLASSIFICATIONS

Provider CCN: 150112

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

Worksheet A-6
Date/Time Prepared:
5/29/2012 8:24 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	LABORATORY-PATHOLOGICAL	60.01	0	15,039	8.00
9.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	7,600	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	164,948	10.00
11.00	MAMMOGRAPHY	54.03	0	41,635	11.00
12.00	ULTRA SOUND	54.02	0	47,616	12.00
13.00	CT SCAN	57.00	0	211,107	13.00
14.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	236,178	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	144,250	15.00
16.00	EMERGENCY	91.00	0	24,211	16.00
17.00	DATA PROCESSING	5.02	0	5,232	17.00
18.00	OPERATION OF PLANT	7.00	0	6,720	18.00
	TOTALS		0	1,759,139	
O - RECLASS SUPPLIES					
1.00	NURSING ADMINISTRATION	13.00	0	20,566	1.00
2.00	NONALLOWABLE MARKETING	194.05	0	13,033	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	546	3.00
	TOTALS		0	34,145	
O - RECLASS DIABETES CONSULTANT					
1.00	NURSING ADMINISTRATION	13.00	0	35,625	1.00
	TOTALS		0	35,625	
S - RECLASS NON ALLOW ADVERTISING COSTS					
1.00	NONALLOWABLE MARKETING	194.05	0	1,288,173	1.00
	TOTALS		0	1,288,173	
T - RECLASS EQUIP RENTAL TO CHARGE SUPPL					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,953	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	184,325	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,972	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,369	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,474	5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,481	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	169,561	7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	76,033	8.00
9.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,403	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,321	10.00
11.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,392,443	11.00
12.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,183,645	12.00
13.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,120	13.00
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,270	14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	84,447	15.00
16.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	387,861	16.00
17.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,582	17.00
18.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	137,148	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	49,868	19.00
20.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,981,141	20.00
21.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,078,713	21.00
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37,264	22.00
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,936	23.00
24.00	SPEECH - HEARING AIDS	194.04	0	146,644	24.00

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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	201,281		25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,388		26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	16,082		27.00
	TOTALS		0	14,256,725		
V - RECLASS EMERG ADMIN						
1.00	OPERATION OF PLANT	7.00	64,302	0		1.00
2.00	RESPIRATORY THERAPY	65.00	25,155	0		2.00
3.00	OPERATION OF PLANT	7.00	14,797	0		3.00
	TOTALS		104,254	0		
W - RECLASS SALARIES FOR CAPITAL PROJ						
1.00	DATA PROCESSING	5.02	680	0		1.00
2.00	DATA PROCESSING	5.02	10,053	0		2.00
3.00	DATA PROCESSING	5.02	2,698	0		3.00
4.00	DATA PROCESSING	5.02	75,550	0		4.00
5.00	DATA PROCESSING	5.02	2,463	0		5.00
6.00	DATA PROCESSING	5.02	100,859	0		6.00
7.00	DATA PROCESSING	5.02	6,804	0		7.00
8.00	DATA PROCESSING	5.02	13,607	0		8.00
9.00	DATA PROCESSING	5.02	71,856	0		9.00
10.00	DATA PROCESSING	5.02	6,804	0		10.00
11.00	DATA PROCESSING	5.02	8,287	0		11.00
12.00	DATA PROCESSING	5.02	22,358	0		12.00
13.00	DATA PROCESSING	5.02	76,957	0		13.00
	TOTALS		398,976	0		
X - RECLASS OT MARR ROAD						
1.00	OCCUPATIONAL THERAPY	67.00	145,919	102,934		1.00
	TOTALS		145,919	102,934		
Y - RECL OF MILLRACE FOR WELLNESS/OT/PT						
1.00	OCCUPATIONAL THERAPY	67.00	0	9,806		1.00
2.00	PHYSICAL THERAPY	66.00	0	1,980		2.00
3.00	WELLNESS COMMUNITY	194.00	0	10,662		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	3,091		4.00
5.00	WELLNESS COMMUNITY	194.00	0	5,467		5.00
	TOTALS		0	31,006		
Z - RECLASS LAB BLOOD SUPERVISOR						
1.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	71,000	0		1.00
	TOTALS		71,000	0		
500.00	Grand Total: Increases		2,450,351	35,465,309		500.00

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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
B - RECLASS DEPREC BLDG/EQUIP							
1.00	INTEREST EXPENSE	113.00	0	1,832,533	11		1.00
2.00	INTEREST EXPENSE	113.00	0	876,636	11		2.00
	TOTALS		0	2,709,169			
C - RECLASS INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,340	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,154,488	12		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	22,559	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,317	0		4.00
	TOTALS		0	1,181,704			
D - RECLASS BILLING COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	580,803	0	0		1.00
	TOTALS		580,803	0			
E - RECLASS HYPERBARIC THERAPY EXP							
1.00	WOUND CENTER	90.03	0	211,776	0		1.00
	TOTALS		0	211,776			
F - RECLASS CAFETERIA EXPENSE							
1.00	DIETARY	10.00	849,278	524,174	0		1.00
	TOTALS		849,278	524,174			
G - RECLASS WELLNESS							
1.00	EMPLOYEE BENEFITS	4.00	134,291	83,719	0		1.00
	TOTALS		134,291	83,719			
H - RECLASS PHYSICIAN FEES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	142,300	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35,800	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	50,000	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	404,450	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	75,000	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,000	0		7.00
8.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	103,500	0		8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,875	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,450	0		10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,875	0		11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	365,000	0		12.00
13.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	72,000	0		13.00
14.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,000	0		14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,373	0		15.00
16.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	952	0		16.00
	TOTALS		0	1,589,575			
I - RECLASS REHAB SERVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,061	11,631	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	21,381	10,373	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	7,675	25,867	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	78,251	2,939	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,853	2,624	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5,208	1,994	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	22,340	8,554	0		7.00

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
8.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	10,614	23,625	0	8.00
9.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	1,447	12,465	0	9.00
	TOTALS		165,830	100,072		
J - RECLASS PROPERTY TAXES						
1.00	BUILDING RENTALS	194.01	0	89,309	0	1.00
	TOTALS		0	89,309		
K - RECLASS PENSION EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	2,295,132	0	1.00
	TOTALS		0	2,295,132		
M - RECLASS DEPRECIATION EQUIPMENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,172,932	9	1.00
	TOTALS		0	9,172,932		
N - RECLASS MAINTENANCE AGREEMENT						
1.00	OPERATION OF PLANT	7.00	0	6,539	0	1.00
2.00	OPERATION OF PLANT	7.00	0	351,669	0	2.00
3.00	OPERATION OF PLANT	7.00	0	3,801	0	3.00
4.00	OPERATION OF PLANT	7.00	0	178,989	0	4.00
5.00	OPERATION OF PLANT	7.00	0	2,011	0	5.00
6.00	OPERATION OF PLANT	7.00	0	227,892	0	6.00
7.00	OPERATION OF PLANT	7.00	0	83,702	0	7.00
8.00	OPERATION OF PLANT	7.00	0	15,039	0	8.00
9.00	OPERATION OF PLANT	7.00	0	7,600	0	9.00
10.00	OPERATION OF PLANT	7.00	0	164,948	0	10.00
11.00	OPERATION OF PLANT	7.00	0	41,635	0	11.00
12.00	OPERATION OF PLANT	7.00	0	47,616	0	12.00
13.00	OPERATION OF PLANT	7.00	0	211,107	0	13.00
14.00	OPERATION OF PLANT	7.00	0	236,178	0	14.00
15.00	OPERATION OF PLANT	7.00	0	144,250	0	15.00
16.00	OPERATION OF PLANT	7.00	0	24,211	0	16.00
17.00	OPERATION OF PLANT	7.00	0	5,232	0	17.00
18.00	OPERATION OF PLANT	7.00	0	6,720	0	18.00
	TOTALS		0	1,759,139		
O - RECLASS SUPPLIES						
1.00	CRH FOUNDATION	194.06	0	20,566	0	1.00
2.00	CRH FOUNDATION	194.06	0	13,033	0	2.00
3.00	CRH FOUNDATION	194.06	0	546	0	3.00
	TOTALS		0	34,145		
Q - RECLASS DIABETES CONSULTANT						
1.00	DIABETES CENTER	90.01	0	35,625	0	1.00
	TOTALS		0	35,625		
S - RECLASS NON ALLOW ADVERTISING COSTS						
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	1,288,173	0	1.00
	TOTALS		0	1,288,173		
T - RECLASS EQUIP RENTAL TO CHARGE SUPPL						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	7,953	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	184,325	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	29,972	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	4,369	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	2,474	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,481	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	169,561	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	76,033	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	3,403	0	9.00
10.00	NURSERY	43.00	0	5,321	0	10.00
11.00	OPERATING ROOM	50.00	0	3,392,443	0	11.00
12.00	OPERATING ROOM	50.00	0	6,183,645	0	12.00
13.00	RECOVERY ROOM	51.00	0	22,120	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	11,270	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	84,447	0	15.00
16.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	0	387,861	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,582	0	17.00
18.00	CT SCAN	57.00	0	137,148	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	49,868	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	1,981,141	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	1,078,713	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	37,264	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	19,936	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	146,644	0	24.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
25.00	WOUND CENTER	90.03	0	201,281	0	25.00	
26.00	EMERGENCY	91.00	0	17,388	0	26.00	
27.00	AMBULANCE SERVICES	95.00	0	16,082	0	27.00	
	TOTALS		0	14,256,725			
V - RECLASS EMERG ADMIN							
1.00	AMBULANCE SERVICES	95.00	64,302	0	0	1.00	
2.00	AMBULANCE SERVICES	95.00	25,155	0	0	2.00	
3.00	AMBULANCE SERVICES	95.00	14,797	0	0	3.00	
	TOTALS		104,254	0			
W - RECLASS SALARIES FOR CAPITAL PROJ							
1.00	PURCHASING RECEIVING AND STORES	5.03	680	0	0	1.00	
2.00	ADMINISTRATIVE	5.04	10,053	0	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	2,698	0	0	3.00	
4.00	PHARMACY	15.00	75,550	0	0	4.00	
5.00	MEDICAL RECORDS & LIBRARY	16.00	2,463	0	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	100,859	0	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	6,804	0	0	7.00	
8.00	NURSERY	43.00	13,607	0	0	8.00	
9.00	OPERATING ROOM	50.00	71,856	0	0	9.00	
10.00	RECOVERY ROOM	51.00	6,804	0	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	8,287	0	0	11.00	
12.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	22,358	0	0	12.00	
13.00	EMERGENCY	91.00	76,957	0	0	13.00	
	TOTALS		398,976	0			
X - RECLASS OT MARR ROAD							
1.00	PHYSICAL THERAPY	66.00	145,919	102,934	0	1.00	
	TOTALS		145,919	102,934			
Y - RECL OF MILLRACE FOR WELLNESS/OT/PT							
1.00	WELLNESS COMMUNITY	194.00	0	9,806	0	1.00	
2.00	WELLNESS COMMUNITY	194.00	0	1,980	0	2.00	
3.00	PHYSICAL THERAPY	66.00	0	10,662	0	3.00	
4.00	PHYSICAL THERAPY	66.00	0	3,091	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	5,467	0	5.00	
	TOTALS		0	31,006			
Z - RECLASS LAB BLOOD SUPERVISOR							
1.00	LABORATORY	60.00	71,000	0	0	1.00	
	TOTALS		71,000	0			
500.00	Grand Total: Decreases		2,450,351	35,465,309		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,715,612	30,440	0	30,440	0	1.00
2.00	Land Improvements	10,446,259	430,635	0	430,635	0	2.00
3.00	Buildings and Fixtures	84,470,044	4,942,044	0	4,942,044	5,073	3.00
4.00	Building Improvements	84,697,605	4,257,165	0	4,257,165	2,500	4.00
5.00	Fixed Equipment	5,981,189	878,978	0	878,978	12,615	5.00
6.00	Movable Equipment	98,676,323	12,554,238	0	12,554,238	2,622,450	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	285,987,032	23,093,500	0	23,093,500	2,642,638	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	285,987,032	23,093,500	0	23,093,500	2,642,638	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	NEW CAP REL COSTS-BLDG & FIXT	17,604,155	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,604,155	0	0	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	197,829,781	0	197,829,781	0.645579	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	108,608,111	0	108,608,111	0.354421	0	2.00
3.00	Total (sum of lines 1-2)	306,437,892	0	306,437,892	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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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	1,746,052	0		1.00		
2.00	Land Improvements	10,876,894	0		2.00		
3.00	Buildings and Fixtures	89,407,015	0		3.00		
4.00	Building Improvements	88,952,270	0		4.00		
5.00	Fixed Equipment	6,847,552	0		5.00		
6.00	Movable Equipment	108,608,111	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	306,437,894	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	306,437,894	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	NEW CAP REL COSTS-BLDG & FIXT	0	17,604,155		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	17,604,155		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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,553,490	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,147,957	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,701,447	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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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	NEW CAP REL COSTS-BLDG & FIXT	2,214,033	1,154,488	0	0	11,922,011	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	462,264	0	0	0	9,610,221	2.00
3.00	Total (sum of lines 1-2)	2,676,297	1,154,488	0	0	21,532,232	3.00

ADJUSTMENTS TO EXPENSES

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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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	381,500	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	63,658	NEW 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)	B	-46,549	OTHER ADMINISTRATIVE AND GENERAL	5.06 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-29,834	PURCHASING RECEIVING AND STORES	5.03 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	-64,493	NONPATIENT TELEPHONES	5.01 7.00
8.00 Television and radio service (chapter 21)	A	-8,101	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)	B	-50	OPERATION OF PLANT	7.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-8,605,768		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-378,633		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-687,661	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-5,069	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	-160	HOUSEKEEPING	9.00 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		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	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		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 TELEPHONE SERVICES	B	-3,900	NONPATIENT TELEPHONES	5.01 33.00
34.00 DEPR PAT PHONES NEW EQUIP	A	-16,781	NEW CAP REL COSTS-MVBLE EQUIP	2.00 34.00
35.00 TV DEPR NEW EQUIP	A	-22,310	NEW CAP REL COSTS-MVBLE EQUIP	2.00 35.00
36.00 CAFETERIA VISITORS	A	-472,428	CAFETERIA	11.00 36.00
37.00 OPERATING REVENUE OTHER REVENUE	B	-7,406	OPERATING ROOM	50.00 37.00
38.00 NURSING ADMIN OTHER REVENUE	B	-43,324	NURSING ADMINISTRATION	13.00 38.00
39.00 SOCIAL SERVICES OTHER REVENUE	B	-709	SOCIAL SERVICE	17.00 39.00
40.00 EAP REVENUE	B	-47,488	EMPLOYEE BENEFITS	4.00 40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 41.00
42.00 LAND RENT MO	B	-2,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.00
43.00 RENT PATHOLOGISTS	B	-672	LABORATORY-PATHOLOGICAL	60.01 43.00
44.00 LABORATORY OTHER REVENUE	B	-5,683	LABORATORY	60.00 44.00
45.00 XRAY EDUCATION	B	-20,420	XRAY EDUCATION	23.01 45.00
45.01 MEDICAL STAFF INCOME	B	-59,637	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.01
45.02 RADIOLOGY OTHER REVENUE	B	-8,165	RADIOLOGY-DIAGNOSTIC	54.00 45.02

Provider CCN: 150112

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

Worksheet A-8
 Date/Time Prepared:
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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
45.03 BREAST FILM COPIES	B	-2,715	MAMMOGRAPHY	54.03 45.03
45.04 MEDICAL RECORDS OTHER REVENUE	B	-29,202	MEDICAL RECORDS & LIBRARY	16.00 45.04
45.05 FACILITIES OTHER REVENUE	B	-19,218	OPERATION OF PLANT	7.00 45.05
45.06 SICK BAY	B	-28	ADULTS & PEDIATRICS	30.00 45.06
45.07 FINANCE OTHER REVENUE	B	-1,790	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.07
45.08 DIABETES OTHER REVENUE	B	-2,050	DIABETES CENTER	90.01 45.08
45.09 MRES GRANT OTHER	B	-3,500	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.09
45.10 INFO SERV OTHER REVENUE	B	-24,787	DATA PROCESSING	5.02 45.10
45.11 FOOD OTHER REVENUE	B	-4,536	DIETARY	10.00 45.11
45.12 SPEECH THERAPY OTHER REVENUE	B	-19	SPEECH PATHOLOGY	68.00 45.12
45.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	7.00 45.13
45.14 PHARMACY OTHER REVENUE	B	-55,790	PHARMACY	15.00 45.14
45.15 HUMAN RESOURCES OTHER REVENUE	B	-2,525	EMPLOYEE BENEFITS	4.00 45.15
45.16 LACTATION AND PREPARE OTHER REVENUE	B	-5,910	ADULTS & PEDIATRICS	30.00 45.16
45.17 LUNG INST OTHER REVENUE	B	-8,000	RESPIRATORY THERAPY	65.00 45.17
45.18 RENTAL PROPERTIES DEPRECIATION	A	-33,224	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.18
45.19 RENTAL PROPERTIES DEPRECIATION	A	-125	NEW CAP REL COSTS-MVBLE EQUI P	2.00 45.19
45.20 PENSION EXPENSE	A	64,545	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.20
45.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.21
45.22 UNALLOWABLE PHYS RECRUITMENT	A	-43,087	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.22
45.23 DEPRECIATION RELI FED	A	72,677	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.23
45.24 DEPRECIATION RELI FED	A	14,241	NEW CAP REL COSTS-MVBLE EQUI P	2.00 45.24
45.26 NONALLOWABLE AMORT 2003 BOND ISSUE	A	-15,585	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.26
45.27 PRIOR YEAR AUDIT ADJUSTMENT	A	87,181	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.27
45.28 NONALLOWABLE INT EXP 1993 BONDS	A	-198,140	NEW CAP REL COSTS-MVBLE EQUI P	2.00 45.28
45.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-279,890	NEW CAP REL COSTS-MVBLE EQUI P	2.00 45.29
45.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-7,924	OTHER ADMINISTRATIVE AND GENERAL	5.06 45.30
45.31 AMBULANCE SERVICES	B	-1,387,423	AMBULANCE SERVICES	95.00 45.31
45.32 CARDIOLOGY OTHER REVENUE	B	-86	ELECTROCARDIOLOGY	69.00 45.32
45.33 MARR ROAD OTHER REVENUE	B	-850	PHYSICAL THERAPY	66.00 45.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,977,025		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW 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	TELEPHONE SERVICES	0	33.00
34.00	DEPR PAT PHONES NEW EQUIP	9	34.00
35.00	TV DEPR NEW EQUIP	9	35.00
36.00	CAFETERIA VISITORS	0	36.00
37.00	OPERATING REVENUE OTHER REVENUE	0	37.00
38.00	NURSING ADMIN OTHER REVENUE	0	38.00
39.00	SOCIAL SERVICES OTHER REVENUE	0	39.00
40.00	EAP REVENUE	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	LAND RENT MO	0	42.00
43.00	RENT PATHOLOGISTS	0	43.00
44.00	LABORATORY OTHER REVENUE	0	44.00
45.00	XRAY EDUCATION	0	45.00
45.01	MEDICAL STAFF INCOME	0	45.01
45.02	RADIOLOGY OTHER REVENUE	0	45.02
45.03	BREAST FILM COPIES	0	45.03
45.04	MEDICAL RECORDS OTHER REVENUE	0	45.04
45.05	FACILITIES OTHER REVENUE	0	45.05
45.06	SICK BAY	0	45.06
45.07	FINANCE OTHER REVENUE	0	45.07
45.08	DIABETES OTHER REVENUE	0	45.08
45.09	MRES GRANT OTHER	0	45.09
45.10	INFO SERV OTHER REVENUE	0	45.10
45.11	FOOD OTHER REVENUE	0	45.11
45.12	SPEECH THERAPY OTHER REVENUE	0	45.12
45.13	PROTECTIVE SERV OTHER REVENUE	0	45.13
45.14	PHARMACY OTHER REVENUE	0	45.14
45.15	HUMAN RESOURCES OTHER REVENUE	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150112

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst.	A-7 Ref.	
		5.00		
45.16	LACTATION AND PREPARE OTHER REVENUE		0	45.16
45.17	LUNG INST OTHER REVENUE		0	45.17
45.18	RENTAL PROPERTIES DEPRECIATION		9	45.18
45.19	RENTAL PROPERTIES DEPRECIATION		9	45.19
45.20	PENSION EXPENSE		0	45.20
45.21	LOSS ON DISPOSAL DEMOLITION		9	45.21
45.22	UNALLOWABLE PHYS RECRUITMENT		0	45.22
45.23	DEPRECIATION RELI FED		9	45.23
45.24	DEPRECIATION RELI FED		9	45.24
45.26	NONALLOWABLE AMORT 2003 BOND ISSUE		9	45.26
45.27	PRIOR YEAR AUDIT ADJUSTMENT		9	45.27
45.28	NONALLOWABLE INT EXP 1993 BONDS		11	45.28
45.29	NONALLOWABLE INT EXP 2003/2009 BONDS		11	45.29
45.30	UNALLOWABLE AHA MEMBERSHIP DUES		0	45.30
45.31	AMBULANCE SERVICES		0	45.31
45.32	CARDIOLOGY OTHER REVENUE		0	45.32
45.33	MARR ROAD OTHER REVENUE		0	45.33
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: 150112

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2012 8:24 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	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT FEE	1.00
2.00	0.00			2.00
3.00	0.00			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	E	J BICKEL	0.00	6.00
7.00	E	J NASH	0.00	7.00
8.00	E	T LENTZ	0.00	8.00
9.00	E	G BRUEGGEMANN	0.00	9.00
10.00	E	H SCHUMAKER	0.00	10.00
10.01	E	T SOUZA	0.00	10.01
10.02	E	D MI CHAEL	0.00	10.02
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: 150112

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 8:24 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4,320,411	4,699,044	-378,633	0	1.00
2.00	0	0	0	0	2.00
3.00	0	0	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.				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	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	6.00
7.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	7.00
8.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	8.00
9.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	9.00
10.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.00
10.01	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.01
10.02	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY	10.02
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: 150112

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	7,760,204	7,549,329	1.00
2.00	30.00	ADULTS & PEDIATRICS	142,300	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	35,800	0	3.00
4.00	41.00	SUBPROVIDER - IRF	50,000	0	4.00
5.00	50.00	OPERATING ROOM	404,450	154,200	5.00
6.00	53.00	ANESTHESIOLOGY	75,000	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	150,000	0	7.00
8.00	60.01	LABORATORY-PATHOLOGICAL	150,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	103,500	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	5,875	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	7,450	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	5,875	0	12.00
13.00	90.00	CLINIC	365,000	0	13.00
14.00	90.02	NEUROPSYCH	184,351	184,351	14.00
15.00	90.03	WOUND CENTER	6,373	0	15.00
16.00	90.04	HYPERBARIC OXYGEN THERAPY	952	0	16.00
17.00	91.00	EMERGENCY	72,000	0	17.00
18.00	95.00	AMBULANCE SERVICES	15,000	0	18.00
200.00			9,534,130	7,887,880	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:24 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	210,875	171,400	1,573	129,621	6,481	1.00
2.00	142,300	142,500	1,523	104,340	5,217	2.00
3.00	35,800	171,400	358	29,501	1,475	3.00
4.00	50,000	171,400	772	63,616	3,181	4.00
5.00	250,250	204,100	116	11,382	569	5.00
6.00	75,000	200,300	637	61,342	3,067	6.00
7.00	150,000	231,100	2,318	257,543	12,877	7.00
8.00	150,000	219,500	1,823	192,379	9,619	8.00
9.00	103,500	171,400	615	50,678	2,534	9.00
10.00	5,875	171,400	59	4,862	243	10.00
11.00	7,450	171,400	74	6,098	305	11.00
12.00	5,875	171,400	59	4,862	243	12.00
13.00	365,000	171,400	1,352	111,410	5,571	13.00
14.00	0	0	0	0	0	14.00
15.00	6,373	171,400	79	6,510	326	15.00
16.00	952	171,400	12	989	49	16.00
17.00	72,000	171,400	540	44,498	2,225	17.00
18.00	15,000	171,400	151	12,443	622	18.00
200.00	1,646,250		12,061	1,092,074	54,604	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:24 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	129,621	1.00
2.00	0	0	0	0	104,340	2.00
3.00	0	0	0	0	29,501	3.00
4.00	0	0	0	0	63,616	4.00
5.00	0	0	0	0	11,382	5.00
6.00	0	0	0	0	61,342	6.00
7.00	0	0	0	0	257,543	7.00
8.00	0	0	0	0	192,379	8.00
9.00	0	0	0	0	50,678	9.00
10.00	0	0	0	0	4,862	10.00
11.00	0	0	0	0	6,098	11.00
12.00	0	0	0	0	4,862	12.00
13.00	0	0	0	0	111,410	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	6,510	15.00
16.00	0	0	0	0	989	16.00
17.00	0	0	0	0	44,498	17.00
18.00	0	0	0	0	12,443	18.00
200.00	0	0	0	0	1,092,074	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150112

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2012 8:24 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	81,254	7,630,583	1.00
2.00	37,960	37,960	2.00
3.00	6,299	6,299	3.00
4.00	0	0	4.00
5.00	238,868	393,068	5.00
6.00	13,658	13,658	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	52,822	52,822	9.00
10.00	1,013	1,013	10.00
11.00	1,352	1,352	11.00
12.00	1,013	1,013	12.00
13.00	253,590	253,590	13.00
14.00	0	184,351	14.00
15.00	0	0	15.00
16.00	0	0	16.00
17.00	27,502	27,502	17.00
18.00	2,557	2,557	18.00
200.00	717,888	8,605,768	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	11,922,011	11,922,011				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	9,610,221		9,610,221			2.00
4.00 EMPLOYEE BENEFITS	23,491,604	204,449	86,094	23,782,147		4.00
5.01 NONPATIENT TELEPHONES	378,431	4,147	153,650	57,514	593,742	5.01
5.02 DATA PROCESSING	6,447,678	392,134	255,740	871,682	22,381	5.02
5.03 PURCHASING RECEIVING AND STORES	1,300,885	299,121	250,372	328,785	9,654	5.03
5.04 ADMINISTRATION	1,478,766	22,622	52,262	320,269	10,971	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,074,261	58,074	120,999	652,947	24,136	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	15,769,119	447,402	305,037	1,100,770	81,184	5.06
7.00 OPERATION OF PLANT	5,830,127	6,006,698	327,905	683,781	14,920	7.00
8.00 LAUNDRY & LINEN SERVICE	672,566	6,423	0	22,280	0	8.00
9.00 HOUSEKEEPING	1,811,891	68,750	67,901	502,144	3,511	9.00
10.00 DIETARY	1,238,608	114,877	76,831	266,824	2,194	10.00
11.00 CAFETERIA	213,363	126,912	84,884	294,793	2,194	11.00
13.00 NURSING ADMINISTRATION	3,314,176	93,966	93,701	1,080,274	8,777	13.00
14.00 CENTRAL SERVICES & SUPPLY	516,707	134,305	92,383	106,515	3,950	14.00
15.00 PHARMACY	3,522,091	87,737	452,211	1,046,964	10,971	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,310,078	120,453	124,600	253,915	24,575	16.00
17.00 SOCIAL SERVICE	389,212	6,723	8,107	133,957	1,317	17.00
23.00 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 XRAY EDUCATION	128,006	10,870	8,173	50,530	878	23.01
23.02 PHARMACY RESIDENCY PROG	95,239	1,553	0	32,343	878	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	14,168,733	1,322,690	738,061	4,473,938	99,607	30.00
31.00 INTENSIVE CARE UNIT	2,035,269	193,597	154,714	614,641	15,359	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
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,419,045	195,608	95,645	455,059	10,093	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	606,180	10,288	5,236	203,698	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,358,679	547,756	1,196,803	1,739,809	45,200	50.00
51.00 RECOVERY ROOM	827,712	58,162	22,323	261,587	7,021	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	250,849	2,100	139,398	0	878	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,907,152	141,629	424,305	554,441	14,920	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	774,703	59,715	441,704	102,078	3,072	54.01
54.02 ULTRA SOUND	532,564	26,540	96,608	164,925	1,317	54.02
54.03 MAMMOGRAPHY	890,487	4,817	247,028	217,972	6,144	54.03
55.00 RADIOLOGY-THERAPEUTIC	1,361,703	139,458	540,104	327,420	6,583	55.00
57.00 CT SCAN	815,606	18,087	394,235	183,807	3,072	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	390,661	15,882	198,542	82,115	878	58.00
59.00 CARDIAC CATHETERIZATION	1,848,286	185,268	728,403	420,543	17,553	59.00
60.00 LABORATORY	6,137,483	189,203	421,094	1,123,946	27,208	60.00
60.01 LABORATORY-PATHOLOGICAL	820,125	21,387	79,991	135,975	3,072	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,043,615	9,247	15,802	24,727	1,317	62.00
65.00 RESPIRATORY THERAPY	1,779,557	109,618	169,166	539,206	11,849	65.00
66.00 PHYSICAL THERAPY	3,233,202	6,070	157,083	965,578	21,942	66.00
67.00 OCCUPATIONAL THERAPY	933,198	5,241	39,613	274,366	4,388	67.00
68.00 SPEECH PATHOLOGY	513,725	2,823	31,348	165,146	3,950	68.00
69.00 ELECTROCARDIOLOGY	483,325	24,669	150,365	137,729	7,899	69.00
70.00 ELECTROENCEPHALOGRAPHY	612,179	0	41,389	179,797	10,971	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,945,295	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,164,786	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,395,973	0	0	0	0	73.00
74.00 RENAL DIALYSIS	311,569	0	0	0	0	74.00
76.00 CARDIAC REHABILITATION	80,077	12,599	11,430	25,582	1,317	76.00
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	604,065	76,585	32,807	153,848	10,971	90.00
90.01 DIABETES CENTER	84,598	8,788	6,018	18,090	439	90.01
90.02 NEUROPSYCH	73,678	2,206	2,718	21,384	878	90.02
90.03 WOUND CENTER	1,011,577	0	19,929	112,298	2,633	90.03
90.04 HYPERBARIC OXYGEN THERAPY	226,640	0	2,718	502	439	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
91.00 EMERGENCY	4,654,316	184,968	164,880	1,421,508	18,431	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,300,602	92,960	242,990	800,590	2,194	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	176,112,254	11,875,177	9,573,300	23,708,592	584,086	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,794	372	0	878	190.00
194.00 WELLNESS COMMUNITY	222,353	0	2,154	46,623	1,317	194.00
194.01 BUILDING RENTALS	61,580	0	131	0	0	194.01
194.02 HOSPICE	59,642	0	0	0	0	194.02
194.03 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 SPEECH - HEARING AIDS	146,644	0	0	0	0	194.04
194.05 NONALLOWABLE MARKETING	1,301,206	0	0	0	0	194.05
194.06 CRH FOUNDATION	-79	13,941	6,018	0	3,511	194.06
194.07 HEALTHY COMMUNITIES	91,464	20,099	28,246	26,932	3,950	194.07
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	177,995,064	11,922,011	9,610,221	23,782,147	593,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	7,989,615					5.02
5.03	PURCHASING RECEIVING AND STORES	0	2,188,817				5.03
5.04	ADMINITTING	0	4,402	1,889,292			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	830,920	4,218	0	4,765,555		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	295,616	4,885	0	0	18,004,013	5.06
7.00	OPERATION OF PLANT	0	538	0	0	12,863,969	7.00
8.00	LAUNDRY & LINEN SERVICE	0	34	0	0	701,303	8.00
9.00	HOUSEKEEPING	0	31,068	0	0	2,485,265	9.00
10.00	DIETARY	0	1,304	0	0	1,700,638	10.00
11.00	CAFETERIA	0	1,440	0	0	723,586	11.00
13.00	NURSING ADMINISTRATION	4,272,047	1,326	0	0	8,864,267	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,508	0	0	856,368	14.00
15.00	PHARMACY	257,266	31,916	0	0	5,409,156	15.00
16.00	MEDICAL RECORDS & LIBRARY	452,212	5,004	0	0	2,290,837	16.00
17.00	SOCIAL SERVICE	0	0	0	0	539,316	17.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	0	47	0	0	198,504	23.01
23.02	PHARMACY RESIDENCY PROG	0	0	0	0	130,013	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	229,054	237,005	597,781	21,866,869	30.00
31.00	INTENSIVE CARE UNIT	0	45,673	36,475	91,999	3,187,727	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	14,686	22,817	57,549	2,270,502	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	135	15,725	39,662	880,924	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	274,101	253,567	639,874	12,055,789	50.00
51.00	RECOVERY ROOM	0	7,470	19,703	49,695	1,253,673	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	34,617	18,681	47,117	493,640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,806	22,999	58,009	3,133,261	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	909	25,531	64,394	1,472,106	54.01
54.02	ULTRA SOUND	0	1,721	19,001	47,925	890,601	54.02
54.03	MAMMOGRAPHY	0	1,571	12,941	32,641	1,413,601	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	1,818	33,589	84,720	2,495,395	55.00
57.00	CT SCAN	0	2,996	74,823	188,720	1,681,346	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	734	29,654	74,795	793,261	58.00
59.00	CARDIAC CATHETERIZATION	0	23,284	62,748	158,264	3,444,349	59.00
60.00	LABORATORY	1,767,303	116,955	142,693	359,906	10,285,791	60.00
60.01	LABORATORY-PATHOLOGICAL	0	8,987	20,076	50,635	1,140,248	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	687	12,424	31,336	1,139,155	62.00
65.00	RESPIRATORY THERAPY	0	18,310	55,722	140,545	2,823,973	65.00
66.00	PHYSICAL THERAPY	0	5,912	51,645	130,260	4,571,692	66.00
67.00	OCCUPATIONAL THERAPY	0	2,652	17,794	44,880	1,322,132	67.00
68.00	SPEECH PATHOLOGY	0	736	6,475	16,332	740,535	68.00
69.00	ELECTROCARDIOLOGY	0	3,171	38,063	96,005	941,226	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,593	26,435	66,676	940,040	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	909,292	72,425	182,673	7,109,685	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	89,543	74,041	186,749	8,515,119	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	119,657	216,842	546,927	11,279,399	73.00
74.00	RENAL DIALYSIS	0	0	3,163	7,978	322,710	74.00
76.00	CARDIAC REHABILITATION	0	204	2,845	7,176	141,230	76.00
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	12,641	17,135	43,218	951,270	90.00
90.01	DIABETES CENTER	0	160	654	1,650	120,397	90.01
90.02	NEUROPSYCH	0	39	795	2,006	103,704	90.02
90.03	WOUND CENTER	0	9,378	14,734	37,163	1,207,712	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	1,279	5,778	14,573	251,929	90.04
91.00	EMERGENCY	114,251	120,557	200,373	505,388	7,384,672	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	14,486	22,656	57,143	2,533,621	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,989,615	2,174,504	1,888,027	4,762,364	175,926,519	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,044	190.00
194.00	WELLNESS COMMUNITY	0	28	0	0	272,475	194.00
194.01	BUILDING RENTALS	0	0	0	0	61,711	194.01
194.02	HOSPICE	0	14,170	0	0	73,812	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	1,265	3,191	151,100	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	1,301,206	194.05
194.06	CRH FOUNDATION	0	115	0	0	23,506	194.06
194.07	HEALTHY COMMUNITIES	0	0	0	0	170,691	194.07
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)	7,989,615	2,188,817	1,889,292	4,765,555	177,995,064	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/29/2012 8:24 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	18,004,013					5.06
7.00	OPERATION OF PLANT	1,447,595	14,311,564				7.00
8.00	LAUNDRY & LINEN SERVICE	78,918	20,486	800,707			8.00
9.00	HOUSEKEEPING	279,669	219,264	0	2,984,198		9.00
10.00	DIETARY	191,374	366,377	0	30,578	2,288,967	10.00
11.00	CAFETERIA	81,426	404,760	0	33,688	0	11.00
13.00	NURSING ADMINISTRATION	997,505	299,687	0	3,628	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	96,368	428,341	0	23,840	0	14.00
15.00	PHARMACY	608,698	279,820	0	31,096	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	257,790	384,162	0	0	0	16.00
17.00	SOCIAL SERVICE	60,690	21,442	0	1,037	0	17.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	22,338	34,668	0	5,183	0	23.01
23.02	PHARMACY RESIDENCY PROG	14,630	4,953	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,460,763	4,218,459	301,855	1,247,991	1,837,025	30.00
31.00	INTENSIVE CARE UNIT	358,718	617,439	37,661	107,282	166,903	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
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	255,502	623,854	44,440	188,132	261,480	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	99,131	32,811	14,246	1,037	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,356,650	1,746,961	160,543	437,420	6,492	50.00
51.00	RECOVERY ROOM	141,077	185,496	24,646	40,943	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	55,550	6,697	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	352,589	451,696	76,986	71,521	418	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	165,658	190,449	0	48,717	0	54.01
54.02	ULTRA SOUND	100,220	84,644	0	15,030	0	54.02
54.03	MAMMOGRAPHY	159,074	15,364	3,416	33,688	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	280,809	444,774	6,510	51,827	2,025	55.00
57.00	CT SCAN	189,204	57,686	0	6,738	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	89,266	50,651	0	6,219	0	58.00
59.00	CARDIAC CATHETERIZATION	387,596	590,875	3,814	67,893	2,850	59.00
60.00	LABORATORY	1,157,470	603,425	312	55,973	0	60.00
60.01	LABORATORY-PATHOLOGICAL	128,313	68,210	0	3,110	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	128,190	29,490	0	2,073	0	62.00
65.00	RESPIRATORY THERAPY	317,785	349,606	0	53,382	0	65.00
66.00	PHYSICAL THERAPY	514,457	19,360	17,534	1,037	0	66.00
67.00	OCCUPATIONAL THERAPY	148,781	16,715	7,609	1,037	0	67.00
68.00	SPEECH PATHOLOGY	83,333	9,005	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	105,917	78,678	0	15,030	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	105,784	0	10,171	110,910	86	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	800,060	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	958,215	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,269,282	0	0	0	0	73.00
74.00	RENAL DIALYSIS	36,315	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	15,893	40,183	0	0	0	76.00
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	107,047	244,252	28,475	45,089	8,860	90.00
90.01	DIABETES CENTER	13,548	28,027	0	1,037	0	90.01
90.02	NEUROPSYCH	11,670	7,035	0	0	0	90.02
90.03	WOUND CENTER	135,905	0	2,233	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	28,350	0	304	0	0	90.04
91.00	EMERGENCY	831,005	589,918	59,952	228,557	2,828	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	285,111	296,479	0	0	0	95.00

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,771,239	14,162,199	800,707	2,970,723	2,288,967	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,580	40,802	0	0	0	190.00
194.00	WELLNESS COMMUNITY	30,662	0	0	0	0	194.00
194.01	BUILDING RENTALS	6,944	0	0	0	0	194.01
194.02	HOSPICE	8,306	0	0	0	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	17,003	0	0	0	0	194.04
194.05	NONALLOWABLE MARKETING	146,426	0	0	0	0	194.05
194.06	CRH FOUNDATION	2,645	44,461	0	11,402	0	194.06
194.07	HEALTHY COMMUNITIES	19,208	64,102	0	2,073	0	194.07
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)	18,004,013	14,311,564	800,707	2,984,198	2,288,967	202.00

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,243,460					11.00
13.00 NURSING ADMINISTRATION	52,806	10,217,893				13.00
14.00 CENTRAL SERVICES & SUPPLY	12,573	174,115	1,591,605			14.00
15.00 PHARMACY	50,292	0	0	6,379,062		15.00
16.00 MEDICAL RECORDS & LIBRARY	41,491	0	0	0	2,974,280	16.00
17.00 SOCIAL SERVICE	7,544	0	0	0	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 XRAY EDUCATION	2,515	0	0	0	0	23.01
23.02 PHARMACY RESIDENCY PROG	1,257	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	313,065	4,368,756	99,911	10,819	734,471	30.00
31.00 INTENSIVE CARE UNIT	35,204	486,250	4,415	3,521	67,153	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
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	30,175	425,156	0	106	105,410	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	11,316	153,218	0	5	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	110,642	1,537,036	1,332,069	20,184	556,179	50.00
51.00 RECOVERY ROOM	15,087	218,188	1,975	151	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	48,404	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	32,690	0	6,157	419	5,265	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	5,029	0	4,182	1,708	0	54.01
54.02 ULTRA SOUND	6,286	0	0	164	0	54.02
54.03 MAMMOGRAPHY	13,830	201,901	4,415	116	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	13,830	195,265	0	2	18,251	55.00
57.00 CT SCAN	10,058	0	0	368	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	3,772	0	0	199	0	58.00
59.00 CARDIAC CATHETERIZATION	21,374	297,731	29,276	13,076	111,610	59.00
60.00 LABORATORY	95,554	0	0	267	0	60.00
60.01 LABORATORY-PATHOLOGICAL	10,058	0	2,091	0	312,017	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	58	0	62.00
65.00 RESPIRATORY THERAPY	33,947	479,555	34,039	1,481	113,716	65.00
66.00 PHYSICAL THERAPY	55,321	0	19,750	1,559	299,616	66.00
67.00 OCCUPATIONAL THERAPY	15,087	0	0	45	74,290	67.00
68.00 SPEECH PATHOLOGY	8,801	0	0	0	49,137	68.00
69.00 ELECTROCARDIOLOGY	7,544	107,819	0	1,400	189,176	69.00
70.00 ELECTROENCEPHALOGRAPHY	11,316	0	0	6	177,827	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	6,262,866	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIAC REHABILITATION	1,257	24,536	0	0	0	76.00
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	11,316	153,294	0	705	141,560	90.00
90.01 DIABETES CENTER	1,257	13,788	0	0	0	90.01
90.02 NEUROPSYCH	1,257	0	0	0	17,783	90.02
90.03 WOUND CENTER	6,286	0	48,213	4,220	0	90.03
90.04 HYPERBARI C OXYGEN THERAPY	1,257	0	0	576	0	90.04
91.00 EMERGENCY	99,326	1,381,285	5,112	1,756	819	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	80,467	0	0	4,820	0	95.00

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,230,887	10,217,893	1,591,605	6,379,001	2,974,280	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	WELLNESS COMMUNITY	5,029	0	0	0	0	194.00
194.01	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	HOSPICE	0	0	0	61	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	HEALTHY COMMUNITIES	7,544	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,243,460	10,217,893	1,591,605	6,379,062	2,974,280	202.00

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Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	630,029					17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01	XRAY EDUCATION	0	0	263,208			23.01
23.02	PHARMACY RESIDENCY PROG	0	0	0	150,853		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	230,591	0	0	0	37,690,575	30.00
31.00	INTENSIVE CARE UNIT	20,791	0	0	0	5,093,064	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	255,792	0	0	0	4,460,549	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	1,192,688	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	19,319,965	50.00
51.00	RECOVERY ROOM	0	0	0	0	1,881,236	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	604,291	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	263,208	0	4,394,210	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	1,887,849	54.01
54.02	ULTRA SOUND	0	0	0	0	1,096,945	54.02
54.03	MAMMOGRAPHY	0	0	0	0	1,845,405	54.03
55.00	RADIOLOGY-THERAPEUTIC	49,142	0	0	0	3,557,830	55.00
57.00	CT SCAN	0	0	0	0	1,945,400	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	943,368	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	4,970,444	59.00
60.00	LABORATORY	0	0	0	0	12,198,792	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	1,664,047	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	1,298,966	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	4,207,484	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	5,500,326	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	1,585,696	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	890,811	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	1,446,790	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,356,140	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,909,745	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	9,473,334	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	150,853	18,962,400	73.00
74.00	RENAL DIALYSIS	0	0	0	0	359,025	74.00
76.00	CARDIAC REHABILITATION	0	0	0	0	223,099	76.00
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	63,003	0	0	0	1,754,871	90.00
90.01	DIABETES CENTER	0	0	0	0	178,054	90.01
90.02	NEUROPSYCH	0	0	0	0	141,449	90.02
90.03	WOUND CENTER	0	0	0	0	1,404,569	90.03
90.04	HYPERBARI C OXYGEN THERAPY	0	0	0	0	282,416	90.04
91.00	EMERGENCY	10,710	0	0	0	10,595,940	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	3,200,498	95.00
99.10	CORF	0	0	0	0	0	99.10

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Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	630,029	0	263,208	150,853	175,518,271	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	56,426	190.00
194.00	WELLNESS COMMUNITY	0	0	0	0	308,166	194.00
194.01	BUILDING RENTALS	0	0	0	0	68,655	194.01
194.02	HOSPICE	0	0	0	0	82,179	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	0	168,103	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	1,447,632	194.05
194.06	CRH FOUNDATION	0	0	0	0	82,014	194.06
194.07	HEALTHY COMMUNITIES	0	0	0	0	263,618	194.07
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)	630,029	0	263,208	150,853	177,995,064	202.00

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	XRAY EDUCATION			23.01
23.02	PHARMACY RESIDENCY PROG			23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	37,690,575	30.00
31.00	INTENSIVE CARE UNIT	0	5,093,064	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
40.00	SUBPROVIDER - 1PF	0	0	40.00
41.00	SUBPROVIDER - 1RF	0	4,460,549	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,192,688	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	19,319,965	50.00
51.00	RECOVERY ROOM	0	1,881,236	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	604,291	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,394,210	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,887,849	54.01
54.02	ULTRASOUND	0	1,096,945	54.02
54.03	MAMMOGRAPHY	0	1,845,405	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	3,557,830	55.00
57.00	CT SCAN	0	1,945,400	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	943,368	58.00
59.00	CARDIAC CATHETERIZATION	0	4,970,444	59.00
60.00	LABORATORY	0	12,198,792	60.00
60.01	LABORATORY-PATHOLOGICAL	0	1,664,047	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,298,966	62.00
65.00	RESPIRATORY THERAPY	0	4,207,484	65.00
66.00	PHYSICAL THERAPY	0	5,500,326	66.00
67.00	OCCUPATIONAL THERAPY	0	1,585,696	67.00
68.00	SPEECH PATHOLOGY	0	890,811	68.00
69.00	ELECTROCARDIOLOGY	0	1,446,790	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,356,140	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,909,745	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	9,473,334	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	18,962,400	73.00
74.00	RENAL DIALYSIS	0	359,025	74.00
76.00	CARDIAC REHABILITATION	0	223,099	76.00
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	1,754,871	90.00
90.01	DIABETES CENTER	0	178,054	90.01
90.02	NEUROPSYCH	0	141,449	90.02
90.03	WOUND CENTER	0	1,404,569	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	282,416	90.04
91.00	EMERGENCY	0	10,595,940	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150112

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0	3,200,498	95.00
99.10 CORF	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	175,518,271	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	56,426	190.00
194.00 WELLNESS COMMUNITY	0	308,166	194.00
194.01 BUILDING RENTALS	0	68,655	194.01
194.02 HOSPICE	0	82,179	194.02
194.03 OUTREACH CLINICS	0	0	194.03
194.04 SPEECH - HEARING AIDS	0	168,103	194.04
194.05 NONALLOWABLE MARKETING	0	1,447,632	194.05
194.06 CRH FOUNDATION	0	82,014	194.06
194.07 HEALTHY COMMUNITIES	0	263,618	194.07
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)	0	177,995,064	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8: 24 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	19,161	204,449	86,094	309,704	309,704
5.01	NONPATIENT TELEPHONES	0	4,147	153,650	157,797	749
5.02	DATA PROCESSING	122,601	392,134	255,740	770,475	11,351
5.03	PURCHASING RECEIVING AND STORES	8,291	299,121	250,372	557,784	4,281
5.04	ADMINISTRATIVE	53	22,622	52,262	74,937	4,170
5.05	CASHIERING/ACCOUNTS RECEIVABLE	923	58,074	120,999	179,996	8,503
5.06	OTHER ADMINISTRATIVE AND GENERAL	131,312	447,402	305,037	883,751	14,334
7.00	OPERATION OF PLANT	141,503	6,006,698	327,905	6,476,106	8,904
8.00	LAUNDRY & LINEN SERVICE	0	6,423	0	6,423	290
9.00	HOUSEKEEPING	961	68,750	67,901	137,612	6,539
10.00	DIETARY	242	114,877	76,831	191,950	3,475
11.00	CAFETERIA	268	126,912	84,884	212,064	3,839
13.00	NURSING ADMINISTRATION	9,565	93,966	93,701	197,232	14,067
14.00	CENTRAL SERVICES & SUPPLY	515	134,305	92,383	227,203	1,387
15.00	PHARMACY	6,209	87,737	452,211	546,157	13,633
16.00	MEDICAL RECORDS & LIBRARY	756	120,453	124,600	245,809	3,306
17.00	SOCIAL SERVICE	593	6,723	8,107	15,423	1,744
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	XRAY EDUCATION	3	10,870	8,173	19,046	658
23.02	PHARMACY RESIDENCY PROG	0	1,553	0	1,553	421
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	189,382	1,322,690	738,061	2,250,133	58,276
31.00	INTENSIVE CARE UNIT	33,302	193,597	154,714	381,613	8,004
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
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	4,964	195,608	95,645	296,217	5,926
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	1,718	10,288	5,236	17,242	2,653
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	258,156	547,756	1,196,803	2,002,715	22,655
51.00	RECOVERY ROOM	74	58,162	22,323	80,559	3,406
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	ANESTHESIOLOGY	608	2,100	139,398	142,106	0
54.00	RADIOLOGY-DIAGNOSTIC	850	141,629	424,305	566,784	7,220
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	10,074	59,715	441,704	511,493	1,329
54.02	ULTRA SOUND	149	26,540	96,608	123,297	2,148
54.03	MAMMOGRAPHY	147,149	4,817	247,028	398,994	2,838
55.00	RADIOLOGY-THERAPEUTIC	2,078	139,458	540,104	681,640	4,264
57.00	CT SCAN	300	18,087	394,235	412,622	2,394
58.00	MAGNETIC RESONANCE IMAGING (MRI)	375	15,882	198,542	214,799	1,069
59.00	CARDIAC CATHETERIZATION	6,128	185,268	728,403	919,799	5,476
60.00	LABORATORY	24,056	189,203	421,094	634,353	14,636
60.01	LABORATORY-PATHOLOGICAL	0	21,387	79,991	101,378	1,771
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	43	9,247	15,802	25,092	322
65.00	RESPIRATORY THERAPY	6,429	109,618	169,166	285,213	7,021
66.00	PHYSICAL THERAPY	321,925	6,070	157,083	485,078	12,574
67.00	OCCUPATIONAL THERAPY	55,860	5,241	39,613	100,714	3,573
68.00	SPEECH PATHOLOGY	668	2,823	31,348	34,839	2,151
69.00	ELECTROCARDIOLOGY	1,466	24,669	150,365	176,500	1,793
70.00	ELECTROENCEPHALOGRAPHY	1,703	0	41,389	43,092	2,341
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	0	0	0	0
76.00	CARDIAC REHABILITATION	37	12,599	11,430	24,066	333
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	742	76,585	32,807	110,134	2,003
90.01	DIABETES CENTER	108	8,788	6,018	14,914	236
90.02	NEUROPSYCH	43	2,206	2,718	4,967	278
90.03	WOUND CENTER	6,051	0	19,929	25,980	1,462
90.04	HYPERBARIC OXYGEN THERAPY	194,909	0	2,718	197,627	7
91.00	EMERGENCY	12,281	184,968	164,880	362,129	18,511

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	76,862	92,960	242,990	412,812	10,425	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,801,446	11,875,177	9,573,300	23,249,923	308,746	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,794	372	13,166	0	190.00
194.00 WELLNESS COMMUNITY	16,434	0	2,154	18,588	607	194.00
194.01 BUILDING RENTALS	24,171	0	131	24,302	0	194.01
194.02 HOSPICE	0	0	0	0	0	194.02
194.03 OUTREACH CLINICS	11,302	0	0	11,302	0	194.03
194.04 SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05 NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06 CRH FOUNDATION	0	13,941	6,018	19,959	0	194.06
194.07 HEALTHY COMMUNITIES	0	20,099	28,246	48,345	351	194.07
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)	1,853,353	11,922,011	9,610,221	23,385,585	309,704	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:24 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	158,546					5.01
5.02	DATA PROCESSING	5,976	787,802				5.02
5.03	PURCHASING RECEIVING AND STORES	2,578		564,643			5.03
5.04	ADMINISTRATIVE	2,930		1,136	83,173		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6,445	81,931	1,088		277,963	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	21,678	29,149	1,260			5.06
7.00	OPERATION OF PLANT	3,984		139			7.00
8.00	LAUNDRY & LINEN SERVICE	0		9			8.00
9.00	HOUSEKEEPING	937		8,014			9.00
10.00	DIETARY	586		336			10.00
11.00	CAFETERIA	586		372			11.00
13.00	NURSING ADMINISTRATION	2,344	421,237	342			13.00
14.00	CENTRAL SERVICES & SUPPLY	1,055		647			14.00
15.00	PHARMACY	2,930	25,367	8,233			15.00
16.00	MEDICAL RECORDS & LIBRARY	6,562	44,590	1,291			16.00
17.00	SOCIAL SERVICE	352		0			17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0		0			23.00
23.01	XRAY EDUCATION	234		12			23.01
23.02	PHARMACY RESIDENCY PROG	234		0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	26,599	0	59,088	10,435	34,869	30.00
31.00	INTENSIVE CARE UNIT	4,101	0	11,782	1,606	5,366	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	2,695	0	3,789	1,005	3,357	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	35	692	2,313	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	12,070	0	70,709	11,156	37,311	50.00
51.00	RECOVERY ROOM	1,875	0	1,927	867	2,899	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	234	0	8,930	822	2,748	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,984	0	2,530	1,013	3,384	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	820	0	235	1,124	3,756	54.01
54.02	ULTRA SOUND	352	0	444	837	2,795	54.02
54.03	MAMMOGRAPHY	1,641	0	405	570	1,904	54.03
55.00	RADIOLOGY-THERAPEUTIC	1,758	0	469	1,479	4,942	55.00
57.00	CT SCAN	820	0	773	3,294	11,008	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	234	0	189	1,306	4,363	58.00
59.00	CARDIAC CATHETERIZATION	4,687	0	6,007	2,763	9,232	59.00
60.00	LABORATORY	7,265	174,262	30,171	6,282	20,993	60.00
60.01	LABORATORY-PATHOLOGICAL	820	0	2,318	884	2,954	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	352	0	177	547	1,828	62.00
65.00	RESPIRATORY THERAPY	3,164	0	4,723	2,453	8,198	65.00
66.00	PHYSICAL THERAPY	5,859	0	1,525	2,274	7,598	66.00
67.00	OCCUPATIONAL THERAPY	1,172	0	684	783	2,618	67.00
68.00	SPEECH PATHOLOGY	1,055	0	190	285	953	68.00
69.00	ELECTROCARDIOLOGY	2,109	0	818	1,676	5,600	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,930	0	669	1,164	3,889	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	234,566	3,189	10,655	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	23,099	3,260	10,893	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	30,868	9,547	31,902	73.00
74.00	RENAL DIALYSIS	0	0	0	139	465	74.00
76.00	CARDIAC REHABILITATION	352	0	53	125	419	76.00
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	2,930	0	3,261	754	2,521	90.00
90.01	DIABETES CENTER	117	0	41	29	96	90.01
90.02	NEUROPSYCH	234	0	10	35	117	90.02
90.03	WOUND CENTER	703	0	2,419	649	2,168	90.03
90.04	HYPERBARIC OXYGEN THERAPY	117	0	330	254	850	90.04
91.00	EMERGENCY	4,922	11,266	31,100	8,822	29,480	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	586	0	3,737	997	3,333	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	155,968	787,802	560,950	83,117	277,777	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	234	0	0	0	0	190.00
194.00	WELLNESS COMMUNITY	352	0	7	0	0	194.00
194.01	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	HOSPICE	0	0	3,656	0	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	56	186	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	CRH FOUNDATION	937	0	30	0	0	194.06
194.07	HEALTHY COMMUNITIES	1,055	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	158,546	787,802	564,643	83,173	277,963	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:24 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	950,172					5.06
7.00	OPERATION OF PLANT	76,399	6,565,532				7.00
8.00	LAUNDRY & LINEN SERVICE	4,165	9,398	20,285			8.00
9.00	HOUSEKEEPING	14,760	100,589	0	268,451		9.00
10.00	DIETARY	10,100	168,078	0	2,751	377,276	10.00
11.00	CAFETERIA	4,297	185,686	0	3,030	0	11.00
13.00	NURSING ADMINISTRATION	52,645	137,483	0	326	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,086	196,504	0	2,145	0	14.00
15.00	PHARMACY	32,125	128,369	0	2,797	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	13,605	176,237	0	0	0	16.00
17.00	SOCIAL SERVICE	3,203	9,837	0	93	0	17.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	1,179	15,904	0	466	0	23.01
23.02	PHARMACY RESIDENCY PROG	772	2,272	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	129,853	1,935,250	7,646	112,271	302,785	30.00
31.00	INTENSIVE CARE UNIT	18,932	283,254	954	9,651	27,510	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
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	13,485	286,198	1,126	16,924	43,098	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,232	15,052	361	93	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	71,599	801,431	4,067	39,349	1,070	50.00
51.00	RECOVERY ROOM	7,446	85,098	624	3,683	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	2,932	3,072	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	18,608	207,219	1,950	6,434	69	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	8,743	87,370	0	4,382	0	54.01
54.02	ULTRA SOUND	5,289	38,831	0	1,352	0	54.02
54.03	MAMMOGRAPHY	8,395	7,048	87	3,030	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	14,820	204,043	165	4,662	334	55.00
57.00	CT SCAN	9,986	26,464	0	606	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,711	23,237	0	559	0	58.00
59.00	CARDIAC CATHETERIZATION	20,456	271,068	97	6,108	470	59.00
60.00	LABORATORY	61,087	276,826	8	5,035	0	60.00
60.01	LABORATORY-PATHOLOGICAL	6,772	31,292	0	280	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,765	13,529	0	186	0	62.00
65.00	RESPIRATORY THERAPY	16,772	160,384	0	4,802	0	65.00
66.00	PHYSICAL THERAPY	27,151	8,882	444	93	0	66.00
67.00	OCCUPATIONAL THERAPY	7,852	7,668	193	93	0	67.00
68.00	SPEECH PATHOLOGY	4,398	4,131	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	5,590	36,094	0	1,352	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,583	0	258	9,977	14	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	42,224	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	50,571	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	66,988	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,917	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	839	18,434	0	0	0	76.00
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	5,650	112,052	721	4,056	1,460	90.00
90.01	DIABETES CENTER	715	12,858	0	93	0	90.01
90.02	NEUROPSYCH	616	3,227	0	0	0	90.02
90.03	WOUND CENTER	7,173	0	57	0	0	90.03
90.04	HYPERBARI C OXYGEN THERAPY	1,496	0	8	0	0	90.04
91.00	EMERGENCY	43,858	270,629	1,519	20,560	466	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	15,047	136,012	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	937,887	6,497,010	20,285	267,239	377,276	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83	18,718	0	0	0	190.00
194.00	WELLNESS COMMUNITY	1,618	0	0	0	0	194.00
194.01	BUILDING RENTALS	367	0	0	0	0	194.01
194.02	HOSPICE	438	0	0	0	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	897	0	0	0	0	194.04
194.05	NONALLOWABLE MARKETING	7,728	0	0	0	0	194.05
194.06	CRH FOUNDATION	140	20,397	0	1,026	0	194.06
194.07	HEALTHY COMMUNITIES	1,014	29,407	0	186	0	194.07
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)	950,172	6,565,532	20,285	268,451	377,276	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	409,874					11.00
13.00 NURSING ADMINISTRATION	17,406	843,082				13.00
14.00 CENTRAL SERVICES & SUPPLY	4,144	14,366	452,537			14.00
15.00 PHARMACY	16,577	0	0	776,188		15.00
16.00 MEDICAL RECORDS & LIBRARY	13,676	0	0	0	505,076	16.00
17.00 SOCIAL SERVICE	2,487	0	0	0	0	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 XRAY EDUCATION	829	0	0	0	0	23.01
23.02 PHARMACY RESIDENCY PROG	414	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	103,197	360,469	28,407	1,316	124,724	30.00
31.00 INTENSIVE CARE UNIT	11,604	40,121	1,255	428	11,404	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
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	9,946	35,080	0	13	17,900	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	3,730	12,642	0	1	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	36,470	126,821	378,745	2,456	94,447	50.00
51.00 RECOVERY ROOM	4,973	18,003	562	18	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	5,890	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,775	0	1,751	51	894	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	1,658	0	1,189	208	0	54.01
54.02 ULTRA SOUND	2,072	0	0	20	0	54.02
54.03 MAMMOGRAPHY	4,559	16,659	1,255	14	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	4,559	16,111	0	0	3,099	55.00
57.00 CT SCAN	3,315	0	0	45	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,243	0	0	24	0	58.00
59.00 CARDIAC CATHETERIZATION	7,045	24,566	8,324	1,591	18,953	59.00
60.00 LABORATORY	31,497	0	0	32	0	60.00
60.01 LABORATORY-PATHOLOGICAL	3,315	0	595	0	52,985	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7	0	62.00
65.00 RESPIRATORY THERAPY	11,190	39,568	9,678	180	19,311	65.00
66.00 PHYSICAL THERAPY	18,235	0	5,615	190	50,879	66.00
67.00 OCCUPATIONAL THERAPY	4,973	0	0	5	12,615	67.00
68.00 SPEECH PATHOLOGY	2,901	0	0	0	8,344	68.00
69.00 ELECTROCARDIOLOGY	2,487	8,896	0	170	32,125	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,730	0	0	1	30,198	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	762,050	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIAC REHABILITATION	414	2,024	0	0	0	76.00
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	3,730	12,648	0	86	24,039	90.00
90.01 DIABETES CENTER	414	1,138	0	0	0	90.01
90.02 NEUROPSYCH	414	0	0	0	3,020	90.02
90.03 WOUND CENTER	2,072	0	13,708	514	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	414	0	0	70	0	90.04
91.00 EMERGENCY	32,740	113,970	1,453	214	139	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	26,524	0	0	587	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	405,729	843,082	452,537	776,181	505,076	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	WELLNESS COMMUNITY	1,658	0	0	0	0	194.00
194.01	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	HOSPICE	0	0	0	7	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	CRH FOUNDATION	0	0	0	0	0	194.06
194.07	HEALTHY COMMUNITIES	2,487	0	0	0	0	194.07
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)	409,874	843,082	452,537	776,188	505,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 8:24 pm	
Cost Center Description		SOCIAL SERVICE	PARAMED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE	33,139					17.00
23.00	PARAMED PRGM-(SPECIFY)	0	0				23.00
23.01	XRAY EDUCATION	0		38,328			23.01
23.02	PHARMACY RESIDENCY PROG	0			5,666		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,129				5,557,447	30.00
31.00	INTENSIVE CARE UNIT	1,094				818,679	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
40.00	SUBPROVIDER - IPF	0				0	40.00
41.00	SUBPROVIDER - IRF	13,454				750,213	41.00
42.00	SUBPROVIDER	0				0	42.00
43.00	NURSERY	0				60,046	43.00
44.00	SKILLED NURSING FACILITY	0				0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0				3,713,071	50.00
51.00	RECOVERY ROOM	0				211,940	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0				0	52.00
53.00	ANESTHESIOLOGY	0				166,734	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0				832,666	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0				622,307	54.01
54.02	ULTRA SOUND	0				177,437	54.02
54.03	MAMMOGRAPHY	0				447,399	54.03
55.00	RADIOLOGY-THERAPEUTIC	2,585				944,930	55.00
57.00	CT SCAN	0				471,327	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0				251,734	58.00
59.00	CARDIAC CATHETERIZATION	0				1,306,642	59.00
60.00	LABORATORY	0				1,262,447	60.00
60.01	LABORATORY-PATHOLOGICAL	0				205,364	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0				48,805	62.00
65.00	RESPIRATORY THERAPY	0				572,657	65.00
66.00	PHYSICAL THERAPY	0				626,397	66.00
67.00	OCCUPATIONAL THERAPY	0				142,943	67.00
68.00	SPEECH PATHOLOGY	0				59,247	68.00
69.00	ELECTROCARDIOLOGY	0				275,210	69.00
70.00	ELECTROENCEPHALOGRAPHY	0				103,846	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				290,634	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0				87,823	72.00
73.00	DRUGS CHARGED TO PATIENTS	0				901,355	73.00
74.00	RENAL DIALYSIS	0				2,521	74.00
76.00	CARDIAC REHABILITATION	0				47,059	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0				0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0				0	89.00
90.00	CLINIC	3,314				289,359	90.00
90.01	DIABETES CENTER	0				30,651	90.01
90.02	NEUROPSYCH	0				12,918	90.02
90.03	WOUND CENTER	0				56,905	90.03
90.04	HYPERBARI C OXYGEN THERAPY	0				201,173	90.04
91.00	EMERGENCY	563				952,341	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0				610,060	95.00
99.10	CORF	0				0	99.10

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Cost Center Description		SOCIAL SERVICE	PARAMED ED PRGM	XRAY EDUCATION	PHARMACY RESIDENCY PROG	Subtotal	
		17.00	23.00	23.01	23.02	24.00	
101.00	HOME HEALTH AGENCY	0				0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,139	0	0	0	23,112,287	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				32,201	190.00
194.00	WELLNESS COMMUNITY	0				22,830	194.00
194.01	BUILDING RENTALS	0				24,669	194.01
194.02	HOSPICE	0				4,101	194.02
194.03	OUTREACH CLINICS	0				11,302	194.03
194.04	SPEECH - HEARING AIDS	0				1,139	194.04
194.05	NONALLOWABLE MARKETING	0				7,728	194.05
194.06	CRH FOUNDATION	0				42,489	194.06
194.07	HEALTHY COMMUNITIES	0				82,845	194.07
200.00	Cross Foot Adjustments		0	38,328	5,666	43,994	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	33,139	0	38,328	5,666	23,385,585	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
23.00	PARAMED ED PRGM-(SPECIFY)			23.00
23.01	XRAY EDUCATION			23.01
23.02	PHARMACY RESIDENCY PROG			23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	5,557,447	30.00
31.00	INTENSIVE CARE UNIT	0	818,679	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
40.00	SUBPROVIDER - I PF	0	0	40.00
41.00	SUBPROVIDER - I RF	0	750,213	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	60,046	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	3,713,071	50.00
51.00	RECOVERY ROOM	0	211,940	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	166,734	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	832,666	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	622,307	54.01
54.02	ULTRASOUND	0	177,437	54.02
54.03	MAMMOGRAPHY	0	447,399	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	944,930	55.00
57.00	CT SCAN	0	471,327	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	251,734	58.00
59.00	CARDIAC CATHETERIZATION	0	1,306,642	59.00
60.00	LABORATORY	0	1,262,447	60.00
60.01	LABORATORY-PATHOLOGICAL	0	205,364	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	48,805	62.00
65.00	RESPIRATORY THERAPY	0	572,657	65.00
66.00	PHYSICAL THERAPY	0	626,397	66.00
67.00	OCCUPATIONAL THERAPY	0	142,943	67.00
68.00	SPEECH PATHOLOGY	0	59,247	68.00
69.00	ELECTROCARDIOLOGY	0	275,210	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	103,846	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	290,634	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,823	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	901,355	73.00
74.00	RENAL DIALYSIS	0	2,521	74.00
76.00	CARDIAC REHABILITATION	0	47,059	76.00
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	289,359	90.00
90.01	DIABETES CENTER	0	30,651	90.01
90.02	NEUROPSYCH	0	12,918	90.02
90.03	WOUND CENTER	0	56,905	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	201,173	90.04
91.00	EMERGENCY	0	952,341	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150112

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0	610,060	95.00
99.10 CORF	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	23,112,287	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,201	190.00
194.00 WELLNESS COMMUNITY	0	22,830	194.00
194.01 BUILDING RENTALS	0	24,669	194.01
194.02 HOSPICE	0	4,101	194.02
194.03 OUTREACH CLINICS	0	11,302	194.03
194.04 SPEECH - HEARING AIDS	0	1,139	194.04
194.05 NONALLOWABLE MARKETING	0	7,728	194.05
194.06 CRH FOUNDATION	0	42,489	194.06
194.07 HEALTHY COMMUNITIES	0	82,845	194.07
200.00 Cross Foot Adjustments	0	43,994	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	23,385,585	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (DP COST)	
	NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)	EMPLOYEE BENEFITS (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)			
	1.00	2.00	4.00	5.01	5.02		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	675,613					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		9,162,566				2.00
4.00	EMPLOYEE BENEFITS	11,586	82,084	68,514,769			4.00
5.01	NONPATIENT TELEPHONES	235	146,493	165,693	1,353		5.01
5.02	DATA PROCESSING	22,222	243,827	2,511,257	51	10,000	5.02
5.03	PURCHASING RECEIVING AND STORES	16,951	238,709	947,207	22	0	5.03
5.04	ADMITTING	1,282	49,828	922,673	25	0	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	3,291	115,363	1,881,094	55	1,040	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	25,354	290,828	3,171,242	185	370	5.06
7.00	OPERATION OF PLANT	340,396	312,631	1,969,927	34	0	7.00
8.00	LAUNDRY & LINEN SERVICE	364	0	64,186	0	0	8.00
9.00	HOUSEKEEPING	3,896	64,738	1,446,641	8	0	9.00
10.00	DIETARY	6,510	73,252	768,702	5	0	10.00
11.00	CAFETERIA	7,192	80,930	849,278	5	0	11.00
13.00	NURSING ADMINISTRATION	5,325	89,336	3,112,194	20	5,347	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,611	88,080	306,862	9	0	14.00
15.00	PHARMACY	4,972	431,146	3,016,232	25	322	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,826	118,796	731,511	56	566	16.00
17.00	SOCIAL SERVICE	381	7,729	385,922	3	0	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	616	7,792	145,574	2	0	23.01
23.02	PHARMACY RESIDENCY PROG	88	0	93,179	2	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	74,956	703,681	12,889,142	227	0	30.00
31.00	INTENSIVE CARE UNIT	10,971	147,507	1,770,739	35	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
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	11,085	91,190	1,310,995	23	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	583	4,992	586,841	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,041	1,141,054	5,012,270	103	0	50.00
51.00	RECOVERY ROOM	3,296	21,283	753,613	16	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	119	132,905	0	2	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,026	404,540	1,597,307	34	0	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	421,129	294,080	7	0	54.01
54.02	ULTRA SOUND	1,504	92,108	475,137	3	0	54.02
54.03	MAMMOGRAPHY	273	235,521	627,962	14	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	7,903	514,945	943,275	15	0	55.00
57.00	CT SCAN	1,025	375,871	529,536	7	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	900	189,294	236,568	2	0	58.00
59.00	CARDIAC CATHETERIZATION	10,499	694,473	1,211,554	40	0	59.00
60.00	LABORATORY	10,722	401,479	3,238,010	62	2,212	60.00
60.01	LABORATORY-PATHOLOGICAL	1,212	76,265	391,736	7	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	524	15,066	71,238	3	0	62.00
65.00	RESPIRATORY THERAPY	6,212	161,286	1,553,416	27	0	65.00
66.00	PHYSICAL THERAPY	344	149,766	2,781,763	50	0	66.00
67.00	OCCUPATIONAL THERAPY	297	37,768	790,429	10	0	67.00
68.00	SPEECH PATHOLOGY	160	29,888	475,775	9	0	68.00
69.00	ELECTROCARDIOLOGY	1,398	143,361	396,787	18	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	39,461	517,984	25	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	714	10,898	73,699	3	0	76.00
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	4,340	31,279	443,226	25	0	90.00
90.01	DIABETES CENTER	498	5,738	52,117	1	0	90.01
90.02	NEUROPSYCH	125	2,591	61,607	2	0	90.02
90.03	WOUND CENTER	0	19,001	323,523	6	0	90.03
90.04	HYPERBARI C OXYGEN THERAPY	0	2,591	1,447	1	0	90.04
91.00	EMERGENCY	10,482	157,200	4,095,267	42	143	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SAL)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	
	NEW BLDG & FIXT (SQ FEET)	NEW MVBLE EQUIP (DEPR)							
	1.00	2.00	4.00	5.01	5.02				
OTHER REIMBURSABLE COST CENTERS									
95.00	AMBULANCE SERVICES	5,268	231,671	2,306,445	5	0	95.00		
99.10	CORF	0	0	0	0	0	99.10		
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS									
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		
118.00	SUBTOTALS (SUM OF LINES 1-117)	672,959	9,127,364	68,302,862	1,331	10,000	118.00		
NONREIMBURSABLE COST CENTERS									
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	355	0	2	0	190.00		
194.00	WELLNESS COMMUNITY	0	2,054	134,319	3	0	194.00		
194.01	BUILDING RENTALS	0	125	0	0	0	194.01		
194.02	HOSPICE	0	0	0	0	0	194.02		
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03		
194.04	SPEECH - HEARING AIDS	0	0	0	0	0	194.04		
194.05	NONALLOWABLE MARKETING	0	0	0	0	0	194.05		
194.06	CRH FOUNDATION	790	5,738	0	8	0	194.06		
194.07	HEALTHY COMMUNITIES	1,139	26,930	77,588	9	0	194.07		
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)	11,922,011	9,610,221	23,782,147	593,742	7,989,615	202.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	17.646213	1.048857	0.347110	438.833703	798.961500	203.00		
204.00	Cost to be allocated (per Wkst. B, Part II)			309,704	158,546	787,802	204.00		
205.00	Unit cost multiplier (Wkst. B, Part II)			0.004520	117.181079	78.780200	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8: 24 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMINITTING (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES	6,028,856					5.03
5.04	ADMINITTING	12,126	411,814,594				5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	11,618	0	411,814,594			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	13,455	0	0	-18,004,013	159,991,051	5.06
7.00	OPERATION OF PLANT	1,481	0	0	0	12,863,969	7.00
8.00	LAUNDRY & LINEN SERVICE	94	0	0	0	701,303	8.00
9.00	HOUSEKEEPING	85,572	0	0	0	2,485,265	9.00
10.00	DIETARY	3,591	0	0	0	1,700,638	10.00
11.00	CAFETERIA	3,967	0	0	0	723,586	11.00
13.00	NURSING ADMINISTRATION	3,652	0	0	0	8,864,267	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,909	0	0	0	856,368	14.00
15.00	PHARMACY	87,910	0	0	0	5,409,156	15.00
16.00	MEDICAL RECORDS & LIBRARY	13,782	0	0	0	2,290,837	16.00
17.00	SOCIAL SERVICE	0	0	0	0	539,316	17.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	129	0	0	0	198,504	23.01
23.02	PHARMACY RESIDENCY PROG	0	0	0	0	130,013	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	630,903	51,657,546	51,657,546	0	21,866,869	30.00
31.00	INTENSIVE CARE UNIT	125,802	7,950,163	7,950,163	0	3,187,727	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
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	40,451	4,973,142	4,973,142	0	2,270,502	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	372	3,427,405	3,427,405	0	880,924	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	754,980	55,291,782	55,291,782	0	12,055,789	50.00
51.00	RECOVERY ROOM	20,576	4,294,422	4,294,422	0	1,253,673	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	95,350	4,071,635	4,071,635	0	493,640	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27,010	5,012,897	5,012,897	0	3,133,261	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	2,505	5,564,680	5,564,680	0	1,472,106	54.01
54.02	ULTRA SOUND	4,739	4,141,444	4,141,444	0	890,601	54.02
54.03	MAMMOGRAPHY	4,326	2,820,721	2,820,721	0	1,413,601	54.03
55.00	RADIOLOGY-THERAPEUTIC	5,007	7,321,087	7,321,087	0	2,495,395	55.00
57.00	CT SCAN	8,251	16,308,366	16,308,366	0	1,681,346	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,022	6,463,426	6,463,426	0	793,261	58.00
59.00	CARDIAC CATHETERIZATION	64,134	13,676,503	13,676,503	0	3,444,349	59.00
60.00	LABORATORY	322,139	31,101,411	31,101,411	0	10,285,791	60.00
60.01	LABORATORY-PATHOLOGICAL	24,753	4,375,670	4,375,670	0	1,140,248	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,893	2,707,908	2,707,908	0	1,139,155	62.00
65.00	RESPIRATORY THERAPY	50,434	12,145,224	12,145,224	0	2,823,973	65.00
66.00	PHYSICAL THERAPY	16,283	11,256,465	11,256,465	0	4,571,692	66.00
67.00	OCCUPATIONAL THERAPY	7,305	3,878,345	3,878,345	0	1,322,132	67.00
68.00	SPEECH PATHOLOGY	2,027	1,411,345	1,411,345	0	740,535	68.00
69.00	ELECTROCARDIOLOGY	8,734	8,296,313	8,296,313	0	941,226	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,141	5,761,818	5,761,818	0	940,040	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,504,549	15,785,804	15,785,804	0	7,109,685	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	246,635	16,138,036	16,138,036	0	8,515,119	72.00
73.00	DRUGS CHARGED TO PATIENTS	329,583	47,262,931	47,262,931	0	11,279,399	73.00
74.00	RENAL DIALYSIS	0	689,398	689,398	0	322,710	74.00
76.00	CARDIAC REHABILITATION	561	620,089	620,089	0	141,230	76.00
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	34,817	3,734,746	3,734,746	0	951,270	90.00
90.01	DIABETES CENTER	441	142,573	142,573	0	120,397	90.01
90.02	NEUROPSYCH	108	173,310	173,310	0	103,704	90.02
90.03	WOUND CENTER	25,832	3,211,498	3,211,498	0	1,207,712	90.03
90.04	HYPERBARIC OXYGEN THERAPY	3,522	1,259,311	1,259,311	0	251,929	90.04
91.00	EMERGENCY	332,061	43,673,361	43,673,361	0	7,384,672	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (SUP COST)	ADMINISTRATIVE (REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	39,900	4,938,052	4,938,052	0	2,533,621	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,989,432	411,538,827	411,538,827	-18,004,013	157,922,506	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	14,044	190.00
194.00 WELLNESS COMMUNITY	77	0	0	0	272,475	194.00
194.01 BUILDING RENTALS	0	0	0	0	61,711	194.01
194.02 HOSPICE	39,031	0	0	0	73,812	194.02
194.03 OUTREACH CLINICS	0	0	0	0	0	194.03
194.04 SPEECH - HEARING AIDS	0	275,767	275,767	0	151,100	194.04
194.05 NONALLOWABLE MARKETING	0	0	0	0	1,301,206	194.05
194.06 CRH FOUNDATION	316	0	0	0	23,506	194.06
194.07 HEALTHY COMMUNITIES	0	0	0	0	170,691	194.07
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)	2,188,817	1,889,292	4,765,555		18,004,013	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.363057	0.004588	0.011572		0.112531	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	564,643	83,173	277,963		950,172	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.093657	0.000202	0.000675		0.005939	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDRY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT	254,296					7.00
8.00	LAUNDRY & LINEN SERVICE	364	1,013,814				8.00
9.00	HOUSEKEEPING	3,896	0	5,758			9.00
10.00	DIETARY	6,510	0	59	213,656		10.00
11.00	CAFETERIA	7,192	0	65	0	989	11.00
13.00	NURSING ADMINISTRATION	5,325	0	7	0	42	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,611	0	46	0	10	14.00
15.00	PHARMACY	4,972	0	60	0	40	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,826	0	0	0	33	16.00
17.00	SOCIAL SERVICE	381	0	2	0	6	17.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	XRAY EDUCATION	616	0	10	0	2	23.01
23.02	PHARMACY RESIDENCY PROG	88	0	0	0	1	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	74,956	382,195	2,408	171,471	249	30.00
31.00	INTENSIVE CARE UNIT	10,971	47,684	207	15,579	28	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
40.00	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	11,085	56,267	363	24,407	24	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	583	18,037	2	0	9	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	31,041	203,271	844	606	88	50.00
51.00	RECOVERY ROOM	3,296	31,206	79	0	12	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	119	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,026	97,476	138	39	26	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	3,384	0	94	0	4	54.01
54.02	ULTRA SOUND	1,504	0	29	0	5	54.02
54.03	MAMMOGRAPHY	273	4,325	65	0	11	54.03
55.00	RADIOLOGY-THERAPEUTIC	7,903	8,243	100	189	11	55.00
57.00	CT SCAN	1,025	0	13	0	8	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	900	0	12	0	3	58.00
59.00	CARDIAC CATHETERIZATION	10,499	4,829	131	266	17	59.00
60.00	LABORATORY	10,722	395	108	0	76	60.00
60.01	LABORATORY-PATHOLOGICAL	1,212	0	6	0	8	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	524	0	4	0	0	62.00
65.00	RESPIRATORY THERAPY	6,212	0	103	0	27	65.00
66.00	PHYSICAL THERAPY	344	22,201	2	0	44	66.00
67.00	OCCUPATIONAL THERAPY	297	9,634	2	0	12	67.00
68.00	SPEECH PATHOLOGY	160	0	0	0	7	68.00
69.00	ELECTROCARDIOLOGY	1,398	0	29	0	6	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,878	214	8	9	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	714	0	0	0	1	76.00
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	4,340	36,053	87	827	9	90.00
90.01	DIABETES CENTER	498	0	2	0	1	90.01
90.02	NEUROPSYCH	125	0	0	0	1	90.02
90.03	WOUND CENTER	0	2,827	0	0	5	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	385	0	0	1	90.04
91.00	EMERGENCY	10,482	75,908	441	264	79	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	5,268	0	0	0	64	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQ FEET)	LAUNDRY & LINEN SERVICE (LDY LBS)	HOUSEKEEPING (TIME SPT)	DIETARY (MEALS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	251,642	1,013,814	5,732	213,656	979	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	725	0	0	0	0	190.00
194.00	WELLNESS COMMUNITY	0	0	0	0	4	194.00
194.01	BUILDING RENTALS	0	0	0	0	0	194.01
194.02	HOSPICE	0	0	0	0	0	194.02
194.03	OUTREACH CLINICS	0	0	0	0	0	194.03
194.04	SPEECH - HEARING AIDS	0	0	0	0	0	194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	0	194.05
194.06	CRH FOUNDATION	790	0	22	0	0	194.06
194.07	HEALTHY COMMUNITIES	1,139	0	4	0	6	194.07
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)	14,311,564	800,707	2,984,198	2,288,967	1,243,460	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	56.279155	0.789797	518.269885	10.713329	1,257.290192	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,565,532	20,285	268,451	377,276	409,874	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	25.818464	0.020009	46.622265	1.765810	414.432760	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
	(NURS HRS)					
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	1,210,197					13.00
14.00 CENTRAL SERVICES & SUPPLY	20,622	13,700				14.00
15.00 PHARMACY	0	0	10,252,388			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	25,423		16.00
17.00 SOCIAL SERVICE	0	0	0	0	1,000	17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 XRAY EDUCATION	0	0	0	0	0	23.01
23.02 PHARMACY RESIDENCY PROG	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	517,431	860	17,388	6,278	366	30.00
31.00 INTENSIVE CARE UNIT	57,591	38	5,659	574	33	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
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	50,355	0	170	901	406	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	18,147	0	8	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	182,045	11,466	32,439	4,754	0	50.00
51.00 RECOVERY ROOM	25,842	17	243	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	77,794	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53	674	45	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	36	2,745	0	0	54.01
54.02 ULTRASOUND	0	0	264	0	0	54.02
54.03 MAMMOGRAPHY	23,913	38	187	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	23,127	0	3	156	78	55.00
57.00 CT SCAN	0	0	591	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	320	0	0	58.00
59.00 CARDIAC CATHETERIZATION	35,263	252	21,015	954	0	59.00
60.00 LABORATORY	0	0	429	0	0	60.00
60.01 LABORATORY-PATHOLOGICAL	0	18	0	2,667	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	93	0	0	62.00
65.00 RESPIRATORY THERAPY	56,798	293	2,380	972	0	65.00
66.00 PHYSICAL THERAPY	0	170	2,505	2,561	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	72	635	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	420	0	68.00
69.00 ELECTROCARDIOLOGY	12,770	0	2,250	1,617	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	10	1,520	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	10,065,641	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIAC REHABILITATION	2,906	0	0	0	0	76.00
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	18,156	0	1,133	1,210	100	90.00
90.01 DIABETES CENTER	1,633	0	0	0	0	90.01
90.02 NEUROPSYCH	0	0	0	152	0	90.02
90.03 WOUND CENTER	0	415	6,783	0	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	0	925	0	0	90.04
91.00 EMERGENCY	163,598	44	2,822	7	17	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (STER SUP)	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	
	(NURS HRS)	(STER SUP)		(TIME SPT)	(TIME SPT)	
	13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	7,747	0	0 95.00
99.10	CORF	0	0	0	0	0 99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,210,197	13,700	10,252,290	25,423	1,000 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	WELLNESS COMMUNITY	0	0	0	0	0 194.00
194.01	BUILDING RENTALS	0	0	0	0	0 194.01
194.02	HOSPICE	0	0	98	0	0 194.02
194.03	OUTREACH CLINICS	0	0	0	0	0 194.03
194.04	SPEECH - HEARING AIDS	0	0	0	0	0 194.04
194.05	NONALLOWABLE MARKETING	0	0	0	0	0 194.05
194.06	CRH FOUNDATION	0	0	0	0	0 194.06
194.07	HEALTHY COMMUNITIES	0	0	0	0	0 194.07
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)	10,217,893	1,591,605	6,379,062	2,974,280	630,029 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.443165	116.175547	0.622203	116.991700	630.029000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	843,082	452,537	776,188	505,076	33,139 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.696649	33.031898	0.075708	19.866892	33.139000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCHASING RECEIVING AND STORES				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
23.00 PARAMED ED PRGM-(SPECIFY)	0			23.00
23.01 XRAY EDUCATION	0	100		23.01
23.02 PHARMACY RESIDENCY PROG	0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	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
40.00 SUBPROVIDER - I PF	0	0	0	40.00
41.00 SUBPROVIDER - I RF	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
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	100	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	54.02
54.03 MAMMOGRAPHY	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 LABORATORY-PATHOLOGICAL	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 CARDIAC REHABILITATION	0	0	0	76.00
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 DIABETES CENTER	0	0	0	90.01
90.02 NEUROPSYCH	0	0	0	90.02
90.03 WOUND CENTER	0	0	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	0	0	90.04
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150112

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	PARAMED ED PRGM (PERCENT)	XRAY EDUCATION (PERCENT)	PHARMACY RESIDENCY PROG (PERCENT)	
	23.00	23.01	23.02	
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	0	0	95.00
99.10 CORF	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	100	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
194.00 WELLNESS COMMUNITY	0	0	0	194.00
194.01 BUILDING RENTALS	0	0	0	194.01
194.02 HOSPICE	0	0	0	194.02
194.03 OUTREACH CLINICS	0	0	0	194.03
194.04 SPEECH - HEARING AIDS	0	0	0	194.04
194.05 NONALLOWABLE MARKETING	0	0	0	194.05
194.06 CRH FOUNDATION	0	0	0	194.06
194.07 HEALTHY COMMUNITIES	0	0	0	194.07
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	263,208	150,853	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	2,632.080000	1,508.530000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	38,328	5,666	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	383.280000	56.660000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		37,690,575	37,960	37,728,535	30.00
31.00	INTENSIVE CARE UNIT		5,093,064	6,299	5,099,363	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
40.00	SUBPROVIDER - I PF		0	0	0	40.00
41.00	SUBPROVIDER - I RF		4,460,549	0	4,460,549	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,192,688	0	1,192,688	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		19,319,965	238,868	19,558,833	50.00
51.00	RECOVERY ROOM		1,881,236	0	1,881,236	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	ANESTHESIOLOGY		604,291	13,658	617,949	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,394,210	0	4,394,210	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC		1,887,849	0	1,887,849	54.01
54.02	ULTRA SOUND		1,096,945	0	1,096,945	54.02
54.03	MAMMOGRAPHY		1,845,405	0	1,845,405	54.03
55.00	RADIOLOGY-THERAPEUTIC		3,557,830	0	3,557,830	55.00
57.00	CT SCAN		1,945,400	0	1,945,400	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		943,368	0	943,368	58.00
59.00	CARDIAC CATHETERIZATION		4,970,444	1,013	4,971,457	59.00
60.00	LABORATORY		12,198,792	0	12,198,792	60.00
60.01	LABORATORY-PATHOLOGICAL		1,664,047	0	1,664,047	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,298,966	0	1,298,966	62.00
65.00	RESPIRATORY THERAPY	0	4,207,484	52,822	4,260,306	65.00
66.00	PHYSICAL THERAPY	0	5,500,326	0	5,500,326	66.00
67.00	OCCUPATIONAL THERAPY	0	1,585,696	0	1,585,696	67.00
68.00	SPEECH PATHOLOGY	0	890,811	0	890,811	68.00
69.00	ELECTROCARDIOLOGY		1,446,790	1,013	1,447,803	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,356,140	1,352	1,357,492	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,909,745	0	7,909,745	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		9,473,334	0	9,473,334	72.00
73.00	DRUGS CHARGED TO PATIENTS		18,962,400	0	18,962,400	73.00
74.00	RENAL DIALYSIS		359,025	0	359,025	74.00
76.00	CARDIAC REHABILITATION		223,099	0	223,099	76.00
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		1,754,871	253,590	2,008,461	90.00
90.01	DIABETES CENTER		178,054	0	178,054	90.01
90.02	NEUROPSYCH		141,449	0	141,449	90.02
90.03	WOUND CENTER		1,404,569	0	1,404,569	90.03
90.04	HYPERBARIC OXYGEN THERAPY		282,416	0	282,416	90.04
91.00	EMERGENCY		10,595,940	27,502	10,623,442	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,111,197	0	4,111,197	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		3,200,498	2,557	3,203,055	95.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
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		0	0	0	113.00
200.00	Subtotal (see instructions)		179,629,468	636,634	180,266,102	200.00
201.00	Less Observation Beds		4,111,197	0	4,111,197	201.00
202.00	Total (see instructions)		175,518,271	636,634	176,154,905	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	43,824,561		43,824,561			30.00
31.00	INTENSIVE CARE UNIT	7,918,245		7,918,245			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
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	4,973,142		4,973,142			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	3,426,766		3,426,766			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	20,253,919	35,037,863	55,291,782	0.349418	0.000000	50.00
51.00	RECOVERY ROOM	1,578,492	2,715,930	4,294,422	0.438065	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,889,770	2,181,865	4,071,635	0.148415	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,512,316	3,500,581	5,012,897	0.876581	0.000000	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	997,737	4,566,943	5,564,680	0.339256	0.000000	54.01
54.02	ULTRA SOUND	771,480	3,369,964	4,141,444	0.264870	0.000000	54.02
54.03	MAMMOGRAPHY	159	2,820,562	2,820,721	0.654232	0.000000	54.03
55.00	RADIOLOGY-THERAPEUTIC	272,976	7,048,111	7,321,087	0.485970	0.000000	55.00
57.00	CT SCAN	2,987,001	13,321,365	16,308,366	0.119288	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,344,224	5,119,202	6,463,426	0.145955	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	7,247,844	6,428,659	13,676,503	0.363429	0.000000	59.00
60.00	LABORATORY	8,484,051	22,617,360	31,101,411	0.392226	0.000000	60.00
60.01	LABORATORY-PATHOLOGICAL	457,011	3,918,659	4,375,670	0.380295	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,867,537	840,371	2,707,908	0.479694	0.000000	62.00
65.00	RESPIRATORY THERAPY	10,166,263	1,978,961	12,145,224	0.346431	0.000000	65.00
66.00	PHYSICAL THERAPY	3,187,355	8,069,110	11,256,465	0.488637	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,164,452	1,713,893	3,878,345	0.408859	0.000000	67.00
68.00	SPEECH PATHOLOGY	717,679	693,666	1,411,345	0.631179	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,026,504	5,269,809	8,296,313	0.174390	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	239,392	5,522,426	5,761,818	0.235367	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,385,278	9,400,521	15,785,799	0.501067	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,525,196	4,612,840	16,138,036	0.587019	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,947,432	25,315,499	47,262,931	0.401211	0.000000	73.00
74.00	RENAL DIALYSIS	689,398	0	689,398	0.520780	0.000000	74.00
76.00	CARDIAC REHABILITATION	33,620	586,469	620,089	0.359785	0.000000	76.00
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	34,536	3,700,210	3,734,746	0.469877	0.000000	90.00
90.01	DIABETES CENTER	752	141,821	142,573	1.248862	0.000000	90.01
90.02	NEUROPSYCH	0	173,310	173,310	0.816162	0.000000	90.02
90.03	WOUND CENTER	38,780	3,172,718	3,211,498	0.437356	0.000000	90.03
90.04	HYPERBARI C OXYGEN THERAPY	28,630	1,230,681	1,259,311	0.224262	0.000000	90.04
91.00	EMERGENCY	8,932,018	34,741,343	43,673,361	0.242618	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,865,542	7,865,542	0.522685	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	14,976	4,923,076	4,938,052	0.648130	0.000000	95.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
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
200.00	Subtotal (see instructions)	178,939,492	232,599,330	411,538,822			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	178,939,492	232,599,330	411,538,822			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.353739			50.00
51.00	RECOVERY ROOM	0.438065			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.151769			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.876581			54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.339256			54.01
54.02	ULTRA SOUND	0.264870			54.02
54.03	MAMMOGRAPHY	0.654232			54.03
55.00	RADIOLOGY-THERAPEUTIC	0.485970			55.00
57.00	CT SCAN	0.119288			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145955			58.00
59.00	CARDIAC CATHETERIZATION	0.363504			59.00
60.00	LABORATORY	0.392226			60.00
60.01	LABORATORY-PATHOLOGICAL	0.380295			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.479694			62.00
65.00	RESPIRATORY THERAPY	0.350780			65.00
66.00	PHYSICAL THERAPY	0.488637			66.00
67.00	OCCUPATIONAL THERAPY	0.408859			67.00
68.00	SPEECH PATHOLOGY	0.631179			68.00
69.00	ELECTROCARDIOLOGY	0.174512			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.235601			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.501067			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.587019			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401211			73.00
74.00	RENAL DIALYSIS	0.520780			74.00
76.00	CARDIAC REHABILITATION	0.359785			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.537777			90.00
90.01	DIABETES CENTER	1.248862			90.01
90.02	NEUROPSYCH	0.816162			90.02
90.03	WOUND CENTER	0.437356			90.03
90.04	HYPERBARIC OXYGEN THERAPY	0.224262			90.04
91.00	EMERGENCY	0.243248			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.522685			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.648647			95.00
99.10	CORF				99.10
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 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		37,690,575	0	0	30.00	
31.00	INTENSIVE CARE UNIT		5,093,064	0	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	
40.00	SUBPROVIDER - I PF		0	0	0	40.00	
41.00	SUBPROVIDER - I RF		4,460,549	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		1,192,688	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		19,319,965	0	0	50.00	
51.00	RECOVERY ROOM		1,881,236	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00	
53.00	ANESTHESIOLOGY		604,291	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		4,394,210	0	0	54.00	
54.01	NUCLEAR MEDICINE-DIAGNOSTIC		1,887,849	0	0	54.01	
54.02	ULTRA SOUND		1,096,945	0	0	54.02	
54.03	MAMMOGRAPHY		1,845,405	0	0	54.03	
55.00	RADIOLOGY-THERAPEUTIC		3,557,830	0	0	55.00	
57.00	CT SCAN		1,945,400	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		943,368	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		4,970,444	0	0	59.00	
60.00	LABORATORY		12,198,792	0	0	60.00	
60.01	LABORATORY-PATHOLOGICAL		1,664,047	0	0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,298,966	0	0	62.00	
65.00	RESPIRATORY THERAPY	0	4,207,484	0	0	65.00	
66.00	PHYSICAL THERAPY	0	5,500,326	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,585,696	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	890,811	0	0	68.00	
69.00	ELECTROCARDIOLOGY		1,446,790	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		1,356,140	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,909,745	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		9,473,334	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		18,962,400	0	0	73.00	
74.00	RENAL DIALYSIS		359,025	0	0	74.00	
76.00	CARDIAC REHABILITATION		223,099	0	0	76.00	
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		1,754,871	0	0	90.00	
90.01	DIABETES CENTER		178,054	0	0	90.01	
90.02	NEUROPSYCH		141,449	0	0	90.02	
90.03	WOUND CENTER		1,404,569	0	0	90.03	
90.04	HYPERBARIC OXYGEN THERAPY		282,416	0	0	90.04	
91.00	EMERGENCY		10,595,940	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		4,111,197	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES		3,200,498	0	0	95.00	
99.10	CORF		0	0	0	99.10	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
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	
200.00	Subtotal (see instructions)		179,629,468	0	0	200.00	
201.00	Less Observation Beds		4,111,197	0	0	201.00	
202.00	Total (see instructions)		175,518,271	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 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				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	43,824,561		43,824,561			30.00
31.00	INTENSIVE CARE UNIT	7,918,245		7,918,245			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
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - IRF	4,973,142		4,973,142			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	3,426,766		3,426,766			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	20,253,919	35,037,863	55,291,782	0.349418	0.000000	50.00
51.00	RECOVERY ROOM	1,578,492	2,715,930	4,294,422	0.438065	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	1,889,770	2,181,865	4,071,635	0.148415	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,512,316	3,500,581	5,012,897	0.876581	0.000000	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	997,737	4,566,943	5,564,680	0.339256	0.000000	54.01
54.02	ULTRA SOUND	771,480	3,369,964	4,141,444	0.264870	0.000000	54.02
54.03	MAMMOGRAPHY	159	2,820,562	2,820,721	0.654232	0.000000	54.03
55.00	RADIOLOGY-THERAPEUTIC	272,976	7,048,111	7,321,087	0.485970	0.000000	55.00
57.00	CT SCAN	2,987,001	13,321,365	16,308,366	0.119288	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,344,224	5,119,202	6,463,426	0.145955	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	7,247,844	6,428,659	13,676,503	0.363429	0.000000	59.00
60.00	LABORATORY	8,484,051	22,617,360	31,101,411	0.392226	0.000000	60.00
60.01	LABORATORY-PATHOLOGICAL	457,011	3,918,659	4,375,670	0.380295	0.000000	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,867,537	840,371	2,707,908	0.479694	0.000000	62.00
65.00	RESPIRATORY THERAPY	10,166,263	1,978,961	12,145,224	0.346431	0.000000	65.00
66.00	PHYSICAL THERAPY	3,187,355	8,069,110	11,256,465	0.488637	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,164,452	1,713,893	3,878,345	0.408859	0.000000	67.00
68.00	SPEECH PATHOLOGY	717,679	693,666	1,411,345	0.631179	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,026,504	5,269,809	8,296,313	0.174390	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	239,392	5,522,426	5,761,818	0.235367	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,385,278	9,400,521	15,785,799	0.501067	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,525,196	4,612,840	16,138,036	0.587019	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	21,947,432	25,315,499	47,262,931	0.401211	0.000000	73.00
74.00	RENAL DIALYSIS	689,398	0	689,398	0.520780	0.000000	74.00
76.00	CARDIAC REHABILITATION	33,620	586,469	620,089	0.359785	0.000000	76.00
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	34,536	3,700,210	3,734,746	0.469877	0.000000	90.00
90.01	DIABETES CENTER	752	141,821	142,573	1.248862	0.000000	90.01
90.02	NEUROPSYCH	0	173,310	173,310	0.816162	0.000000	90.02
90.03	WOUND CENTER	38,780	3,172,718	3,211,498	0.437356	0.000000	90.03
90.04	HYPERBARI C OXYGEN THERAPY	28,630	1,230,681	1,259,311	0.224262	0.000000	90.04
91.00	EMERGENCY	8,932,018	34,741,343	43,673,361	0.242618	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,865,542	7,865,542	0.522685	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	14,976	4,923,076	4,938,052	0.648130	0.000000	95.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
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
200.00	Subtotal (see instructions)	178,939,492	232,599,330	411,538,822			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	178,939,492	232,599,330	411,538,822			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150112

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
33.00	BURN INTENSIVE CARE UNIT				33.00
34.00	SURGICAL INTENSIVE CARE UNIT				34.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
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
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.000000			54.01
54.02	ULTRA SOUND	0.000000			54.02
54.03	MAMMOGRAPHY	0.000000			54.03
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	LABORATORY-PATHOLOGICAL	0.000000			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
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 PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
76.00	CARDIAC REHABILITATION	0.000000			76.00
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	DIABETES CENTER	0.000000			90.01
90.02	NEUROPSYCH	0.000000			90.02
90.03	WOUND CENTER	0.000000			90.03
90.04	HYPERBARI C OXYGEN THERAPY	0.000000			90.04
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
99.10	CORF				99.10
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150112

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	5,557,447	0	5,557,447	31,422	176.86	30.00
31.00	INTENSIVE CARE UNIT	818,679		818,679	2,566	319.05	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
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	750,213	0	750,213	4,026	186.34	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	60,046		60,046	3,590	16.73	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	7,186,385		7,186,385	41,604		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	13,605	2,406,180	30.00
31.00 INTENSIVE CARE UNIT	1,337	426,570	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
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	2,771	516,348	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
200.00 Total (lines 30-199)	17,713	3,349,098	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:24 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	3,713,071	55,291,782	0.067154	9,648,946	647,965	50.00
51.00	RECOVERY ROOM	211,940	4,294,422	0.049352	742,576	36,648	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	166,734	4,071,635	0.040950	905,379	37,075	53.00
54.00	RADIOLOGY-DIAGNOSTIC	832,666	5,012,897	0.166105	1,075,953	178,721	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	622,307	5,564,680	0.111832	618,769	69,198	54.01
54.02	ULTRASOUND	177,437	4,141,444	0.042844	453,260	19,419	54.02
54.03	MAMMOGRAPHY	447,399	2,820,721	0.158612	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	944,930	7,321,087	0.129070	165,217	21,325	55.00
57.00	CT SCAN	471,327	16,308,366	0.028901	1,896,788	54,819	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	251,734	6,463,426	0.038947	798,039	31,081	58.00
59.00	CARDIAC CATHETERIZATION	1,306,642	13,676,503	0.095539	3,400,751	324,904	59.00
60.00	LABORATORY	1,262,447	31,101,411	0.040591	4,844,864	196,658	60.00
60.01	LABORATORY-PATHOLOGICAL	205,364	4,375,670	0.046933	245,369	11,516	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,805	2,707,908	0.018023	1,069,183	19,270	62.00
65.00	RESPIRATORY THERAPY	572,657	12,145,224	0.047151	5,910,321	278,678	65.00
66.00	PHYSICAL THERAPY	626,397	11,256,465	0.055648	1,210,096	67,339	66.00
67.00	OCCUPATIONAL THERAPY	142,943	3,878,345	0.036857	425,702	15,690	67.00
68.00	SPEECH PATHOLOGY	59,247	1,411,345	0.041979	103,498	4,345	68.00
69.00	ELECTROCARDIOLOGY	275,210	8,296,313	0.033173	2,016,692	66,900	69.00
70.00	ELECTROENCEPHALOGRAPHY	103,846	5,761,818	0.018023	140,528	2,533	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,634	15,785,799	0.018411	3,093,532	56,955	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,823	16,138,036	0.005442	5,898,807	32,101	72.00
73.00	DRUGS CHARGED TO PATIENTS	901,355	47,262,931	0.019071	11,171,613	213,054	73.00
74.00	RENAL DIALYSIS	2,521	689,398	0.003657	463,323	1,694	74.00
76.00	CARDIAC REHABILITATION	47,059	620,089	0.075891	16,156	1,226	76.00
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	289,359	3,734,746	0.077478	6,136	475	90.00
90.01	DIABETES CENTER	30,651	142,573	0.214985	0	0	90.01
90.02	NEUROPSYCH	12,918	173,310	0.074537	0	0	90.02
90.03	WOUND CENTER	56,905	3,211,498	0.017719	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	201,173	1,259,311	0.159748	21,268	3,398	90.04
91.00	EMERGENCY	952,341	43,673,361	0.021806	5,531,566	120,621	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	605,583	7,865,542	0.076992	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	15,921,425	346,458,056		61,874,332	2,513,608	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:24 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 8:24 pm		
			Title XVIII		Hospital		PPS	

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	31,422	0.00	13,605	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,566	0.00	1,337	0	0 31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0 34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0 40.00
41.00	SUBPROVIDER - IRF	4,026	0.00	2,771	0	0 41.00
42.00	SUBPROVIDER	0	0.00	0	0	0 42.00
43.00	NURSERY	3,590	0.00	0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00
200.00	Total (Lines 30-199)	41,604		17,713	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/29/2012 8:24 pm
Title XVIII		Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	OPERATING ROOM	0	0	0	0		0	50.00	
51.00	RECOVERY ROOM	0	0	0	0		0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0		0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	263,208	0		263,208	54.00	
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0		0	54.01	
54.02	ULTRASOUND	0	0	0	0		0	54.02	
54.03	MAMMOGRAPHY	0	0	0	0		0	54.03	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		0	55.00	
57.00	CT SCAN	0	0	0	0		0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0		0	59.00	
60.00	LABORATORY	0	0	0	0		0	60.00	
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0		0	60.01	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		0	62.00	
65.00	RESPIRATORY THERAPY	0	0	0	0		0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0		0	66.00	
67.00	OCCUPATIONAL THERAPY	0	0	0	0		0	67.00	
68.00	SPEECH PATHOLOGY	0	0	0	0		0	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0		0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	150,853	0		150,853	73.00	
74.00	RENAL DIALYSIS	0	0	0	0		0	74.00	
76.00	CARDIAC REHABILITATION	0	0	0	0		0	76.00	
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	DIABETES CENTER	0	0	0	0		0	90.01	
90.02	NEUROPSYCH	0	0	0	0		0	90.02	
90.03	WOUND CENTER	0	0	0	0		0	90.03	
90.04	HYPERBARIC OXYGEN THERAPY	0	0	0	0		0	90.04	
91.00	EMERGENCY	0	0	0	0		0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	AMBULANCE SERVICES							95.00	
200.00	Total (Lines 50-199)	0	0	414,061	0		414,061	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:24 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	55,291,782	0.000000	0.000000	9,648,946	50.00
51.00	RECOVERY ROOM	0	4,294,422	0.000000	0.000000	742,576	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	4,071,635	0.000000	0.000000	905,379	53.00
54.00	RADIOLOGY-DIAGNOSTIC	263,208	5,012,897	0.052506	0.052506	1,075,953	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	5,564,680	0.000000	0.000000	618,769	54.01
54.02	ULTRASOUND	0	4,141,444	0.000000	0.000000	453,260	54.02
54.03	MAMMOGRAPHY	0	2,820,721	0.000000	0.000000	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	7,321,087	0.000000	0.000000	165,217	55.00
57.00	CT SCAN	0	16,308,366	0.000000	0.000000	1,896,788	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	6,463,426	0.000000	0.000000	798,039	58.00
59.00	CARDIAC CATHETERIZATION	0	13,676,503	0.000000	0.000000	3,400,751	59.00
60.00	LABORATORY	0	31,101,411	0.000000	0.000000	4,844,864	60.00
60.01	LABORATORY-PATHOLOGICAL	0	4,375,670	0.000000	0.000000	245,369	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,707,908	0.000000	0.000000	1,069,183	62.00
65.00	RESPIRATORY THERAPY	0	12,145,224	0.000000	0.000000	5,910,321	65.00
66.00	PHYSICAL THERAPY	0	11,256,465	0.000000	0.000000	1,210,096	66.00
67.00	OCCUPATIONAL THERAPY	0	3,878,345	0.000000	0.000000	425,702	67.00
68.00	SPEECH PATHOLOGY	0	1,411,345	0.000000	0.000000	103,498	68.00
69.00	ELECTROCARDIOLOGY	0	8,296,313	0.000000	0.000000	2,016,692	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	5,761,818	0.000000	0.000000	140,528	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,785,799	0.000000	0.000000	3,093,532	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	16,138,036	0.000000	0.000000	5,898,807	72.00
73.00	DRUGS CHARGED TO PATIENTS	150,853	47,262,931	0.003192	0.003192	11,171,613	73.00
74.00	RENAL DIALYSIS	0	689,398	0.000000	0.000000	463,323	74.00
76.00	CARDIAC REHABILITATION	0	620,089	0.000000	0.000000	16,156	76.00
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	3,734,746	0.000000	0.000000	6,136	90.00
90.01	DIABETES CENTER	0	142,573	0.000000	0.000000	0	90.01
90.02	NEUROPSYCH	0	173,310	0.000000	0.000000	0	90.02
90.03	WOUND CENTER	0	3,211,498	0.000000	0.000000	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	1,259,311	0.000000	0.000000	21,268	90.04
91.00	EMERGENCY	0	43,673,361	0.000000	0.000000	5,531,566	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,865,542	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	414,061	346,458,056			61,874,332	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title XVIII		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,873,790	0	0	0	50.00
51.00	RECOVERY ROOM	0	449,297	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	377,932	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	56,494	1,033,812	54,281	0	0	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,302,234	0	0	0	54.01
54.02	ULTRASOUND	0	1,099,975	0	0	0	54.02
54.03	MAMMOGRAPHY	0	249,710	0	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	3,113,814	0	0	0	55.00
57.00	CT SCAN	0	3,809,863	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	3,004,019	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	1,139,331	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	515,938	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	682,933	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	3,598	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	152,085	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,741,224	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,479,136	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,437,146	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,990,611	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	35,660	10,031,211	32,020	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	0	288,234	0	0	0	76.00
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	1,683,555	0	0	0	90.00
90.01	DIABETES CENTER	0	3,402	0	0	0	90.01
90.02	NEUROPSYCH	0	98,160	0	0	0	90.02
90.03	WOUND CENTER	0	1,646,198	0	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	584,052	0	0	0	90.04
91.00	EMERGENCY	0	7,155,504	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,821,349	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	92,154	57,768,113	86,301	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		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
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0			54.01
54.02	ULTRA SOUND	0	0			54.02
54.03	MAMMOGRAPHY	0	0			54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
60.01	LABORATORY-PATHOLOGICAL	0	0			60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
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 PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
76.00	CARDIAC REHABILITATION	0	0			76.00
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	DIABETES CENTER	0	0			90.01
90.02	NEUROPSYCH	0	0			90.02
90.03	WOUND CENTER	0	0			90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	0			90.04
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:24 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.349418	8,873,790	0	0	50.00
51.00 RECOVERY ROOM	0.438065	449,297	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.148415	377,932	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.876581	1,033,812	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0.339256	1,302,234	0	0	54.01
54.02 ULTRA SOUND	0.264870	1,099,975	0	0	54.02
54.03 MAMMOGRAPHY	0.654232	249,710	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0.485970	3,113,814	0	0	55.00
57.00 CT SCAN	0.119288	3,809,863	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.145955	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.363429	3,004,019	0	0	59.00
60.00 LABORATORY	0.392226	0	0	0	60.00
60.01 LABORATORY-PATHOLOGICAL	0.380295	1,139,331	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.479694	515,938	0	0	62.00
65.00 RESPIRATORY THERAPY	0.346431	682,933	0	0	65.00
66.00 PHYSICAL THERAPY	0.488637	3,598	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.408859	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.631179	152,085	1,022	0	68.00
69.00 ELECTROCARDIOLOGY	0.174390	1,741,224	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.235367	1,479,136	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.501067	3,437,146	2,472	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.587019	1,990,611	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.401211	10,031,211	29,173	0	73.00
74.00 RENAL DIALYSIS	0.520780	0	0	0	74.00
76.00 CARDIAC REHABILITATION	0.359785	288,234	0	0	76.00
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	0.469877	1,683,555	0	0	90.00
90.01 DIABETES CENTER	1.248862	3,402	0	0	90.01
90.02 NEUROPSYCH	0.816162	98,160	0	0	90.02
90.03 WOUND CENTER	0.437356	1,646,198	0	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0.224262	584,052	0	0	90.04
91.00 EMERGENCY	0.242618	7,155,504	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.522685	1,821,349	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0.648130		0		95.00
200.00 Subtotal (see instructions)		57,768,113	32,667	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)		57,768,113	32,667	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 8:24 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,100,662	0	0		50.00
51.00 RECOVERY ROOM	196,821	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	56,091	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	906,220	0	0		54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	441,791	0	0		54.01
54.02 ULTRASOUND	291,350	0	0		54.02
54.03 MAMMOGRAPHY	163,368	0	0		54.03
55.00 RADIOLOGY-THERAPEUTIC	1,513,220	0	0		55.00
57.00 CT SCAN	454,471	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	1,091,748	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 LABORATORY-PATHOLOGICAL	433,282	0	0		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	247,492	0	0		62.00
65.00 RESPIRATORY THERAPY	236,589	0	0		65.00
66.00 PHYSICAL THERAPY	1,758	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	95,993	645	0		68.00
69.00 ELECTROCARDIOLOGY	303,652	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	348,140	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,722,240	1,239	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,168,526	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,024,632	11,705	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 CARDIAC REHABILITATION	103,702	0	0		76.00
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	791,064	0	0		90.00
90.01 DIABETES CENTER	4,249	0	0		90.01
90.02 NEUROPSYCH	80,114	0	0		90.02
90.03 WOUND CENTER	719,975	0	0		90.03
90.04 HYPERBARI C OXYGEN THERAPY	130,981	0	0		90.04
91.00 EMERGENCY	1,736,054	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	951,992	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	21,316,177	13,589	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	21,316,177	13,589	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 8:24 pm	
		Component CCN: 15T112		Title XVIII		Subprovider - IRF PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,713,071	55,291,782	0.067154	25,863	1,737	50.00
51.00	RECOVERY ROOM	211,940	4,294,422	0.049352	2,904	143	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	166,734	4,071,635	0.040950	1,456	60	53.00
54.00	RADIOLOGY-DIAGNOSTIC	832,666	5,012,897	0.166105	19,225	3,193	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	622,307	5,564,680	0.111832	4,274	478	54.01
54.02	ULTRA SOUND	177,437	4,141,444	0.042844	13,859	594	54.02
54.03	MAMMOGRAPHY	447,399	2,820,721	0.158612	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	944,930	7,321,087	0.129070	2,538	328	55.00
57.00	CT SCAN	471,327	16,308,366	0.028901	27,597	798	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	251,734	6,463,426	0.038947	13,952	543	58.00
59.00	CARDIAC CATHETERIZATION	1,306,642	13,676,503	0.095539	0	0	59.00
60.00	LABORATORY	1,262,447	31,101,411	0.040591	178,362	7,240	60.00
60.01	LABORATORY-PATHOLOGICAL	205,364	4,375,670	0.046933	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,805	2,707,908	0.018023	15,233	275	62.00
65.00	RESPIRATORY THERAPY	572,657	12,145,224	0.047151	167,931	7,918	65.00
66.00	PHYSICAL THERAPY	626,397	11,256,465	0.055648	931,098	51,814	66.00
67.00	OCCUPATIONAL THERAPY	142,943	3,878,345	0.036857	947,084	34,907	67.00
68.00	SPEECH PATHOLOGY	59,247	1,411,345	0.041979	365,638	15,349	68.00
69.00	ELECTROCARDIOLOGY	275,210	8,296,313	0.033173	21,432	711	69.00
70.00	ELECTROENCEPHALOGRAPHY	103,846	5,761,818	0.018023	4,996	90	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,634	15,785,799	0.018411	24,359	448	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,823	16,138,036	0.005442	455	2	72.00
73.00	DRUGS CHARGED TO PATIENTS	901,355	47,262,931	0.019071	536,769	10,237	73.00
74.00	RENAL DIALYSIS	2,521	689,398	0.003657	36,246	133	74.00
76.00	CARDIAC REHABILITATION	47,059	620,089	0.075891	0	0	76.00
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	289,359	3,734,746	0.077478	0	0	90.00
90.01	DIABETES CENTER	30,651	142,573	0.214985	0	0	90.01
90.02	NEUROPSYCH	12,918	173,310	0.074537	0	0	90.02
90.03	WOUND CENTER	56,905	3,211,498	0.017719	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	201,173	1,259,311	0.159748	0	0	90.04
91.00	EMERGENCY	952,341	43,673,361	0.021806	15,354	335	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	605,583	7,865,542	0.076992	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	15,921,425	346,458,056		3,356,625	137,333	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150112
Component CCN: 15T112

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2012 8:24 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	263,208	0	263,208	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	ULTRASOUND	0	0	0	0	0	54.02
54.03	MAMMOGRAPHY	0	0	0	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	150,853	0	150,853	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	CARDIAC REHABILITATION	0	0	0	0	0	76.00
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	DIABETES CENTER	0	0	0	0	0	90.01
90.02	NEUROPSYCH	0	0	0	0	0	90.02
90.03	WOUND CENTER	0	0	0	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	414,061	0	414,061	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:24 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	55,291,782	0.000000	0.000000	25,863	50.00
51.00 RECOVERY ROOM	0	4,294,422	0.000000	0.000000	2,904	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	4,071,635	0.000000	0.000000	1,456	53.00
54.00 RADIOLOGY-DIAGNOSTIC	263,208	5,012,897	0.052506	0.052506	19,225	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	5,564,680	0.000000	0.000000	4,274	54.01
54.02 ULTRASOUND	0	4,141,444	0.000000	0.000000	13,859	54.02
54.03 MAMMOGRAPHY	0	2,820,721	0.000000	0.000000	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	7,321,087	0.000000	0.000000	2,538	55.00
57.00 CT SCAN	0	16,308,366	0.000000	0.000000	27,597	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	6,463,426	0.000000	0.000000	13,952	58.00
59.00 CARDIAC CATHETERIZATION	0	13,676,503	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	31,101,411	0.000000	0.000000	178,362	60.00
60.01 LABORATORY-PATHOLOGICAL	0	4,375,670	0.000000	0.000000	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,707,908	0.000000	0.000000	15,233	62.00
65.00 RESPIRATORY THERAPY	0	12,145,224	0.000000	0.000000	167,931	65.00
66.00 PHYSICAL THERAPY	0	11,256,465	0.000000	0.000000	931,098	66.00
67.00 OCCUPATIONAL THERAPY	0	3,878,345	0.000000	0.000000	947,084	67.00
68.00 SPEECH PATHOLOGY	0	1,411,345	0.000000	0.000000	365,638	68.00
69.00 ELECTROCARDIOLOGY	0	8,296,313	0.000000	0.000000	21,432	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,761,818	0.000000	0.000000	4,996	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,785,799	0.000000	0.000000	24,359	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	16,138,036	0.000000	0.000000	455	72.00
73.00 DRUGS CHARGED TO PATIENTS	150,853	47,262,931	0.003192	0.003192	536,769	73.00
74.00 RENAL DIALYSIS	0	689,398	0.000000	0.000000	36,246	74.00
76.00 CARDIAC REHABILITATION	0	620,089	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	3,734,746	0.000000	0.000000	0	90.00
90.01 DIABETES CENTER	0	142,573	0.000000	0.000000	0	90.01
90.02 NEUROPSYCH	0	173,310	0.000000	0.000000	0	90.02
90.03 WOUND CENTER	0	3,211,498	0.000000	0.000000	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	1,259,311	0.000000	0.000000	0	90.04
91.00 EMERGENCY	0	43,673,361	0.000000	0.000000	15,354	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,865,542	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	414,061	346,458,056			3,356,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:24 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,009	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 ULTRASOUND	0	0	0	0	0	54.02
54.03 MAMMOGRAPHY	0	0	0	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 LABORATORY-PATHOLOGICAL	0	0	0	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,713	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 CARDIAC REHABILITATION	0	0	0	0	0	76.00
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 DIABETES CENTER	0	0	0	0	0	90.01
90.02 NEUROPSYCH	0	0	0	0	0	90.02
90.03 WOUND CENTER	0	0	0	0	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	90.04
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	2,722	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 8:24 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02 ULTRA SOUND	0	0	54.02
54.03 MAMMOGRAPHY	0	0	54.03
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 LABORATORY-PATHOLOGICAL	0	0	60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
76.00 CARDIAC REHABILITATION	0	0	76.00
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 DIABETES CENTER	0	0	90.01
90.02 NEUROPSYCH	0	0	90.02
90.03 WOUND CENTER	0	0	90.03
90.04 HYPERBARIC OXYGEN THERAPY	0	0	90.04
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES			95.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 8:24 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,422	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,422	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,422	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)		13,605	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)		37,728,535	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)		37,728,535	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		38,229,452	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		38,229,452	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.986897	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,216.65	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)		37,728,535	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)		1,200.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,335,524	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)		16,335,524	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 8:24 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	5,099,363	2,566	1,987.28	1,337	2,656,993	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 (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					23,699,357	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,691,874	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,832,750	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,605,762	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,438,512	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					37,253,362	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,424	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,200.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,111,197	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150112

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

Worksheet D-1
Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Cost	Title XVIII		Hospital		PPS
			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	5,557,447	37,728,535	0.147301	4,111,197	605,583	90.00
91.00	Nursing School cost	0	37,728,535	0.000000	4,111,197	0	91.00
92.00	Allied health cost	0	37,728,535	0.000000	4,111,197	0	92.00
93.00	All other Medical Education	0	37,728,535	0.000000	4,111,197	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T112		Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,026	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,026	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)		2,771	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)		4,460,549	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)		4,460,549	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,910,720	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,910,720	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.908329	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,219.75	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)		4,460,549	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)		1,107.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,070,102	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,070,102	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150112		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T112				Date/Time Prepared: 5/29/2012 8:24 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,503,682		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,573,784		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)					516,348		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					140,055		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					656,403		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,917,381		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: 150112 Component CCN: 15T112		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 8:24 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	750,213	4,460,549	0.168188	0	0	90.00
91.00	Nursing School cost	0	4,460,549	0.000000	0	0	91.00
92.00	Allied health cost	0	4,460,549	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,460,549	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 8:24 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		18,539,158		30.00
31.00	INTENSIVE CARE UNIT		4,114,740		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
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	0.353739	9,648,946	3,413,209	50.00
51.00	RECOVERY ROOM	0.438065	742,576	325,297	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.151769	905,379	137,408	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.876581	1,075,953	943,160	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.339256	618,769	209,921	54.01
54.02	ULTRA SOUND	0.264870	453,260	120,055	54.02
54.03	MAMMOGRAPHY	0.654232	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.485970	165,217	80,291	55.00
57.00	CT SCAN	0.119288	1,896,788	226,264	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145955	798,039	116,478	58.00
59.00	CARDIAC CATHETERIZATION	0.363504	3,400,751	1,236,187	59.00
60.00	LABORATORY	0.392226	4,844,864	1,900,282	60.00
60.01	LABORATORY-PATHOLOGICAL	0.380295	245,369	93,313	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.479694	1,069,183	512,881	62.00
65.00	RESPIRATORY THERAPY	0.350780	5,910,321	2,073,222	65.00
66.00	PHYSICAL THERAPY	0.488637	1,210,096	591,298	66.00
67.00	OCCUPATIONAL THERAPY	0.408859	425,702	174,052	67.00
68.00	SPEECH PATHOLOGY	0.631179	103,498	65,326	68.00
69.00	ELECTROCARDIOLOGY	0.174512	2,016,692	351,937	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.235601	140,528	33,109	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.501067	3,093,532	1,550,067	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.587019	5,898,807	3,462,712	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401211	11,171,613	4,482,174	73.00
74.00	RENAL DIALYSIS	0.520780	463,323	241,289	74.00
76.00	CARDIAC REHABILITATION	0.359785	16,156	5,813	76.00
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	0.537777	6,136	3,300	90.00
90.01	DIABETES CENTER	1.248862	0	0	90.01
90.02	NEUROPSYCH	0.816162	0	0	90.02
90.03	WOUND CENTER	0.437356	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0.224262	21,268	4,770	90.04
91.00	EMERGENCY	0.243248	5,531,566	1,345,542	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.522685	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		61,874,332	23,699,357	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		61,874,332		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T112		Date/Time Prepared: 5/29/2012 8:24 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		3,421,048		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.353739	25,863	9,149	50.00
51.00	RECOVERY ROOM	0.438065	2,904	1,272	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.151769	1,456	221	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.876581	19,225	16,852	54.00
54.01	NUCLEAR MEDICINE-DIAGNOSTIC	0.339256	4,274	1,450	54.01
54.02	ULTRA SOUND	0.264870	13,859	3,671	54.02
54.03	MAMMOGRAPHY	0.654232	0	0	54.03
55.00	RADIOLOGY-THERAPEUTIC	0.485970	2,538	1,233	55.00
57.00	CT SCAN	0.119288	27,597	3,292	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.145955	13,952	2,036	58.00
59.00	CARDIAC CATHETERIZATION	0.363504	0	0	59.00
60.00	LABORATORY	0.392226	178,362	69,958	60.00
60.01	LABORATORY-PATHOLOGICAL	0.380295	0	0	60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.479694	15,233	7,307	62.00
65.00	RESPIRATORY THERAPY	0.350780	167,931	58,907	65.00
66.00	PHYSICAL THERAPY	0.488637	931,098	454,969	66.00
67.00	OCCUPATIONAL THERAPY	0.408859	947,084	387,224	67.00
68.00	SPEECH PATHOLOGY	0.631179	365,638	230,783	68.00
69.00	ELECTROCARDIOLOGY	0.174512	21,432	3,740	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.235601	4,996	1,177	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.501067	24,359	12,205	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.587019	455	267	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401211	536,769	215,358	73.00
74.00	RENAL DIALYSIS	0.520780	36,246	18,876	74.00
76.00	CARDIAC REHABILITATION	0.359785	0	0	76.00
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	0.537777	0	0	90.00
90.01	DIABETES CENTER	1.248862	0	0	90.01
90.02	NEUROPSYCH	0.816162	0	0	90.02
90.03	WOUND CENTER	0.437356	0	0	90.03
90.04	HYPERBARIC OXYGEN THERAPY	0.224262	0	0	90.04
91.00	EMERGENCY	0.243248	15,354	3,735	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.522685	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		3,356,625	1,503,682	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)		3,356,625		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		28,604,819	1.00
2.00	Outlier payments for discharges. (see instructions)		536,798	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.13	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.19	31.00
32.00	Sum of lines 30 and 31		27.32	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.76	33.00
34.00	Disproportionate share adjustment (see instructions)		3,363,927	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		32,505,544	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		32,505,544	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,584,319	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		24,816	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			92,154 58.00
59.00	Total (sum of amounts on lines 49 through 58)			35,206,833 59.00
60.00	Primary payer payments			43,522 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			35,163,311 61.00
62.00	Deductibles billed to program beneficiaries			3,144,996 62.00
63.00	Coinsurance billed to program beneficiaries			82,895 63.00
64.00	Allowable bad debts (see instructions)			585,091 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			409,564 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			512,630 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			32,344,984 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,344,984 71.00
72.00	Interim payments			32,497,760 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-152,776 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			872,938 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,589	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,229,876	2.00
3.00	PPS payments		16,692,907	3.00
4.00	Outlier payment (see instructions)		116,561	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		86,301	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		13,589	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		32,667	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)		32,667	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)		32,667	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,078	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)		13,589	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)		16,895,769	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		3,768,849	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		699	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		13,139,810	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,139,810	30.00
31.00	Primary payer payments		11,241	31.00
32.00	Subtotal (line 30 minus line 31)		13,128,569	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)		536,572	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		375,600	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		441,796	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,504,169	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)		13,504,169	40.00
41.00	Interim payments		13,352,569	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)		151,600	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		87,000	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: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:24 pm
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:24 pm
		Component CCN: 15T112	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150112 Component CCN: 15T112	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 8:24 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		32,271,037		13,321,435	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/05/2011	404,202	09/20/2011	31,134	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	09/20/2011	177,479		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)		226,723		31,134	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)		32,497,760		13,352,569	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		151,600	6.01
6.02	SETTLEMENT TO PROGRAM		152,776		0	6.02
7.00	Total Medicare program liability (see instructions)		32,344,984		13,504,169	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150112
Component CCN: 15T112

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2012 8:24 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,878,697		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/20/2011	8,052		0	3.01
3.02		12/05/2011	1,572		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)		9,624		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)		3,888,321		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		35,865		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,924,186		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 8:24 pm
		Component CCN: 15T112	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,468,912	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0308	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		114,256	3.00
4.00	Outlier Payments		385,311	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		11.030137	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		3,968,479	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,968,479	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,968,479	19.00
20.00	Deductibles		38,392	20.00
21.00	Subtotal (line 19 minus line 20)		3,930,087	21.00
22.00	Coinsurance		11,000	22.00
23.00	Subtotal (line 21 minus line 22)		3,919,087	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		3,396	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		2,377	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		3,207	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,921,464	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		2,722	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,924,186	32.00
33.00	Interim payments		3,888,321	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		35,865	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 150112

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

Worksheet G
Date/Time Prepared:
5/29/2012 8:24 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	26,985,283	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	43,949,015	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,296,700	0	0	0	6.00
7.00	Inventory	2,953,234	0	0	0	7.00
8.00	Prepaid expenses	2,681,760	0	0	0	8.00
9.00	Other current assets	8,043,825	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)	65,316,417	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,746,052	0	0	0	12.00
13.00	Land improvements	10,876,894	0	0	0	13.00
14.00	Accumulated depreciation	-9,365,462	0	0	0	14.00
15.00	Buildings	178,359,288	0	0	0	15.00
16.00	Accumulated depreciation	-88,855,274	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	6,847,549	0	0	0	19.00
20.00	Accumulated depreciation	-2,609,571	0	0	0	20.00
21.00	Automobiles and trucks	1,717,531	0	0	0	21.00
22.00	Accumulated depreciation	-1,517,138	0	0	0	22.00
23.00	Major movable equipment	106,890,580	0	0	0	23.00
24.00	Accumulated depreciation	-73,132,058	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)	130,958,391	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,116,314	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	122,217,989	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	135,334,303	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	331,609,111	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	11,760,815	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,511,664	0	0	0	38.00
39.00	Payroll taxes payable	857,034	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,175,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,882,112	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,186,625	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	50,874,399	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	827,218	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	51,701,617	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	91,888,242	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	239,720,869				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	239,720,869	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	331,609,111	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 8:24 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		226,361,738		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,359,131			2.00
3.00	Total (sum of line 1 and line 2)		239,720,869		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		239,720,869		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		239,720,869		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150112

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

Worksheet G-1

Date/Time Prepared:
5/29/2012 8:24 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150112

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

Worksheet G-2 Parts

Date/Time Prepared:
5/29/2012 8:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,229,452		38,229,452	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,910,720		4,910,720	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,140,172		43,140,172	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,134,051		7,134,051	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 (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,134,051		7,134,051	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,274,223		50,274,223	17.00
18.00	Ancillary services	116,733,816	194,150,621	310,884,437	18.00
19.00	Outpatient services	8,905,817	34,605,174	43,510,991	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	22.00
23.00	AMBULANCE SERVICES	18,259	4,914,730	4,932,989	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	LEVEL II NURSERY ROUTINE SERVICE	3,054,040	0	3,054,040	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	178,986,155	233,670,525	412,656,680	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		189,972,089		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	PROVISION FOR BAD DEBT	13,477,433			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)		13,477,433		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)		203,449,522		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150112

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

Worksheet G-3

Date/Time Prepared:
5/29/2012 8:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	412,656,680	1.00
2.00	Less contractual allowances and discounts on patients' accounts	207,434,499	2.00
3.00	Net patient revenues (line 1 minus line 2)	205,222,181	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	203,449,522	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,772,659	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,555,210	6.00
7.00	Income from investments	5,496,619	7.00
8.00	Revenues from telephone and telegraph service	28,687	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	46,549	10.00
11.00	Rebates and refunds of expenses	29,834	11.00
12.00	Parking lot receipts	50	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	893,772	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	63,196	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	34,271	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	21,988	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	4,536	20.00
21.00	Rental of vending machines	160	21.00
22.00	Rental of hospital space	64,535	22.00
23.00	Governmental appropriations	1,385,515	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	EAP REVENUE	47,488	24.01
24.02	WELLNESS REVENUE	185,990	24.02
24.03	OTHER OPERATING REVENUE	268,492	24.03
24.04	GAIN ON DISPOSAL OF ASSETS FLOOD	504	24.04
24.05	FLOOD DISASTER GRANTS	6,334,463	24.05
24.06	UNREALIZED INVESTMENT GAINS	-2,173,626	24.06
24.07	CHANGE IN RESTRICTED FUND BALANCES	-28,510	24.07
24.08	JOINT VENTURE	248,249	24.08
25.00	Total other income (sum of lines 6-24)	14,507,972	25.00
26.00	Total (line 5 plus line 25)	16,280,631	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
27.01	LOSS ON DISPOSAL OF ASSETS	44,510	27.01
27.02	OTHER NONOPERATING EXPENSE	2,876,990	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	2,921,500	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,359,131	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150112	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 8:24 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,315,462	1.00
2.00	Capital DRG outlier payments		137,107	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		83.74	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.13	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		21.19	8.00
9.00	Sum of lines 7 and 8		27.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.69	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		131,750	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,584,319	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00