

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: 150048 Period: From 01/01/2011 To 12/31/2011 Worksheet S Parts I-III Date/Time Prepared: 5/23/2012 4:13 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/23/2012 Time: 4:13 pm
 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 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

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 REID HOSPITAL & HEALTH CARE SERVICES 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: 5/23/2012 Time: 4:13 pm
 ZBn0z64p9YVqPHCDI JW0dSFpUnqNzO
 2: rcd0DFHi DFJSmVhtAws8RuMpKtPD
 6WDg1EbVmG0j . 75q
 PI: Date: 5/23/2012 Time: 4:13 pm
 lPM1kgSj qevJ1bKYSudEl pVrUBsmf1
 DX: Sd0QuawRb7Vi xb2rgShhAcgo5Mp
 mnCl r. tTw60z6. v8

(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	-115,043	-1,607,889	0	6,141,939	1.00
2.00 Subprovider - IPF	0	-4,393	0		0	2.00
3.00 Subprovider - IRF	0	3,196	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-116,240	-1,607,889	0	6,141,939	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 1:22 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1401 CHESTER BOULEVARD			PO Box:							1.00	
2.00	City: RICHMOND			State: IN		Zip Code: 47374		County: WAYNE			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	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		REID HOSPITAL & HEALTH CARE SERVICES		150048	99915	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF		SUBPROVIDER		15S048	99915	4	01/01/2001	N	P	N	4.00
5.00	Subprovider - IRF		REHAB UNIT		15T048	99915	5	01/01/2003	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											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice		HOSPICE		151524	99915		11/03/1993				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)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			2,795	476	382	0	2,981	35		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.			94	0	0	0	20	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.								1		35.00	

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			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.		01/01/2011	12/31/2011	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	N	N	
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	
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	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	
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			
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.					
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			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			
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			
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

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

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			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		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	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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
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	
			1.00	2.00	
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	109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		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.		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.		Y	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y			140.00	
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		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)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/23/2012 1:22 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		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.				5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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)	N	03/15/2012		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			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150048

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

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2012 1:22 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
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				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		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.				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.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150048

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

Worksheet S-2
Part II
Date/Time Prepared:
5/23/2012 1:22 pm

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	03/15/2012	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		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: 150048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	136	48,560	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)		136	48,560	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,750	0.00		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	43.00					13.00
14.00 Total (see instructions)		158	57,310	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	20	10,950			16.00
17.00 SUBPROVIDER - IRF	41.00	30	7,300			17.00
18.00 SUBPROVIDER	42.00	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	116.00	0	0			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)		208				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: 150048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 1:22 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	18,179	3,688	31,403		1.00
2.00 HMO		1,878	2,981			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	20			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	18,179	3,688	31,403		7.00
8.00 INTENSIVE CARE UNIT	0	3,724	0	7,101		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	0		0	1,869		13.00
14.00 Total (see instructions)	0	21,903	3,688	40,373		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	7,838	308	9,337		16.00
17.00 SUBPROVIDER - IRF	0	213	94	3,516		17.00
18.00 SUBPROVIDER	0	0	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		15,616	384	16,000		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		678	2,961		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		0				29.00
30.00 Employee discount days (see instruction)				642		30.00
31.00 Employee discount days - IRF				10		31.00
32.00 Labor & delivery days (see instructions)			145	345		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 1:22 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	5,579	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,414.22	0.00	0	5,579	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	43.23	0.00	0	493	16.00
17.00 SUBPROVIDER - IRF	0.00	20.97	0.00	0	18	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	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	0.00	13.65	0.00			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	1,492.07	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: 150048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2012 1:22 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)	1,415	10,562		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)	1,415	10,562		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	34	567		16.00
17.00 SUBPROVIDER - IRF	9	290		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: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/23/2012 1:22 pm
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		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	70,777,722	0	70,777,722	3,100,634.00	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		0	0	0	0.00	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)		5,970,915	41,729	6,012,644	215,581.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		8,326,315	0	8,326,315	188,546.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		148,151	0	148,151	409.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	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		19,790,743	0	19,790,743		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,824,311	0	1,824,311		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,115,412	100,983	1,216,395	38,915.00	26.00
27.00	Administrative & General	5.00	9,931,712	-224,591	9,707,121	457,365.00	27.00
28.00	Administrative & General under contract (see inst.)		3,356,286	0	3,356,286	91,232.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,641,932	0	1,641,932	79,621.00	30.00
31.00	Laundry & Linen Service	8.00	330,910	-28,963	301,947	24,503.00	31.00
32.00	Housekeeping	9.00	1,537,744	0	1,537,744	115,477.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	2,466,353	-1,129,754	1,336,599	90,528.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	1,129,754	1,129,754	76,518.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	510,789	224,591	735,380	16,835.00	38.00
39.00	Central Services and Supply	14.00	563,347	0	563,347	40,348.00	39.00
40.00	Pharmacy	15.00	2,787,491	0	2,787,491	92,849.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,777,973	0	1,777,973	150,598.00	41.00
42.00	Social Service	17.00	1,350,897	0	1,350,897	70,925.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/23/2012 1:22 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	22.83	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	0.00	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)	27.89	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	44.16	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	362.23	13.00
14.00	Home office salaries & wage-related costs	0.00	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	31.26	26.00
27.00	Administrative & General	21.22	27.00
28.00	Administrative & General under contract (see inst.)	36.79	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.62	30.00
31.00	Laundry & Linen Service	12.32	31.00
32.00	Housekeeping	13.32	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.76	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.76	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.68	38.00
39.00	Central Services and Supply	13.96	39.00
40.00	Pharmacy	30.02	40.00
41.00	Medical Records & Medical Records Library	11.81	41.00
42.00	Social Service	19.05	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2012 1:22 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)	74,134,008	0	74,134,008	3,191,866.00	1.00
2.00	Excluded area salaries (see instructions)	5,970,915	41,729	6,012,644	215,581.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	68,163,093	-41,729	68,121,364	2,976,285.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,474,466	0	8,474,466	188,955.00	4.00
5.00	Subtotal wage-related costs (see inst.)	19,790,743	0	19,790,743	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	96,428,302	-41,729	96,386,573	3,165,240.00	6.00
7.00	Total overhead cost (see instructions)	27,370,846	72,020	27,442,866	1,345,714.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/23/2012 1:22 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	23.23	1.00
2.00	Excluded area salaries (see instructions)	27.89	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.89	3.00
4.00	Subtotal other wages & related costs (see inst.)	44.85	4.00
5.00	Subtotal wage-related costs (see inst.)	29.05	5.00
6.00	Total (sum of lines 3 thru 5)	30.45	6.00
7.00	Total overhead cost (see instructions)	20.39	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2012 1:22 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	6,025,000	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	379,583	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	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)	13,810,550	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	431,843	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	47,828	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)	255,738	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	78,922	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	126,255	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	0	22.00
23.00	Tuition Reimbursement	459,335	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,615,054	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: 150048

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			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 IDENTIFICATION DATA		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 151524	Hospice I	

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	7,676	384	1,830	0	593	1.00
2.00	Routine Home Care	3	0	0	0	0	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	3.00
4.00	General Inpatient Care	0	0	0	0	0	4.00
5.00	Total Hospice Days	7,679	384	1,830	0	593	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	195	14	15	0	31	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	39.38	27.43	122.00	0.00	19.13	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 151524	Hospice I	

		Unduplicated Days		
		Total (sum of col.s. 1, 2 & 5)		
		6.00		
PART I - ENROLLMENT DAYS				
1.00	Continuous Home Care	8,653		1.00
2.00	Routine Home Care	3		2.00
3.00	Inpatient Respite Care	0		3.00
4.00	General Inpatient Care	0		4.00
5.00	Total Hospice Days	8,656		5.00
Part II - CENSUS DATA				
6.00	Number of Patients Receiving Hospice Care	240		6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare			7.00
8.00	Average Length of Stay (line 5/line 6)	36.07		8.00
9.00	Unduplicated Census Count	0		9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/23/2012 1:22 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)		0.449931		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,669,362		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		60,048,167		6.00
7.00	Medicaid cost (line 1 times line 6)		27,017,532		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)		16,348,170		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		136,395		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,348,170		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	5,511,720	10,680,172	16,191,892	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,479,894	4,805,340	7,285,234	21.00
22.00	Partial payment by patients approved for charity care	271,531	378,203	649,734	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,208,363	4,427,137	6,635,500	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)		22,548,410		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,717,948		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		20,830,462		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		9,372,271		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		16,007,771		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		32,355,941		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
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		11,713,579	11,713,579	17,768,769	29,482,348	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE		0	0	670,781	670,781	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00	EMPLOYEE BENEFITS	1,115,412	25,985,387	27,100,799	612,727	27,713,526	4.00
5.01	NONPATIENT TELEPHONES	236,845	22,434	259,279	0	259,279	5.01
5.02	DATA PROCESSING	3,221,436	13,944,160	17,165,596	-12,019	17,153,577	5.02
5.03	PURCHASING, RECEIVING AND STORES	841,448	600,277	1,441,725	-4,663	1,437,062	5.03
5.04	ADMITTING	483,620	1,117,317	1,600,937	0	1,600,937	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	823,783	3,205,163	4,028,946	-54,950	3,973,996	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,324,580	9,768,875	14,093,455	-954,273	13,139,182	5.06
7.00	OPERATION OF PLANT	1,641,932	2,454,438	4,096,370	-3,522	4,092,848	7.00
8.00	LAUNDRY & LINEN SERVICE	330,910	402,899	733,809	-64,130	669,679	8.00
9.00	HOUSEKEEPING	1,537,744	459,792	1,997,536	0	1,997,536	9.00
10.00	DIETARY	2,466,353	2,338,163	4,804,516	-2,857,849	1,946,667	10.00
11.00	CAFETERIA	0	0	0	2,854,622	2,854,622	11.00
13.00	NURSING ADMINISTRATION	510,789	110,295	621,084	224,591	845,675	13.00
14.00	CENTRAL SERVICES & SUPPLY	563,347	2,112,527	2,675,874	-1,540	2,674,334	14.00
15.00	PHARMACY	2,787,491	15,284,304	18,071,795	-2,083	18,069,712	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,777,973	3,000,460	4,778,433	-8,380	4,770,053	16.00
17.00	SOCIAL SERVICE	805,477	1,413,774	2,219,251	0	2,219,251	17.00
17.01	INSERVICE EDUCATION	545,420	822,410	1,367,830	0	1,367,830	17.01
23.00	PARAMED PRGM	197,129	40,539	237,668	-8,224	229,444	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,534,479	4,015,144	14,549,623	-16,779	14,532,844	30.00
31.00	INTENSIVE CARE UNIT	4,405,363	1,364,417	5,769,780	0	5,769,780	31.00
40.00	SUBPROVIDER - IPF	2,244,025	318,544	2,562,569	0	2,562,569	40.00
41.00	SUBPROVIDER - IRF	1,215,219	656,710	1,871,929	0	1,871,929	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	426,680	72,983	499,663	0	499,663	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	913,585	38,904,080	39,817,665	-7,585,040	32,232,625	50.00
52.00	DELIVERY ROOM & LABOR ROOM	780,834	195,139	975,973	0	975,973	52.00
54.00	RADIOLOGY-DIAGNOSTIC	5,914,637	9,080,311	14,994,948	-136,330	14,858,618	54.00
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	1,200,014	9,676,615	10,876,629	-5,262,013	5,614,616	59.00
60.00	LABORATORY	3,238,755	5,392,090	8,630,845	-2,957	8,627,888	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	52,405	1,611,653	1,664,058	0	1,664,058	63.00
65.00	RESPIRATORY THERAPY	1,529,222	449,054	1,978,276	0	1,978,276	65.00
66.00	PHYSICAL THERAPY	3,790,875	907,499	4,698,374	-260,937	4,437,437	66.00
69.00	ELECTROCARDIOLOGY	1,016,370	1,046,723	2,063,093	-2,213	2,060,880	69.00
70.00	ELECTROENCEPHALOGRAPHY	196,928	47,754	244,682	0	244,682	70.00
70.01	CARDIAC REHAB	189,907	75,267	265,174	-37,939	227,235	70.01
70.02	EMG & ENG	108,036	37,651	145,687	0	145,687	70.02
70.03	O/P CHEMICAL DEPENDENCY	35,419	3,632	39,051	0	39,051	70.03
70.06	O/P PSYCHIATRIC	99,216	19,209	118,425	0	118,425	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,859,575	12,859,575	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	844,001	844,001	0	844,001	74.00
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
91.00	EMERGENCY	4,556,017	6,668,457	11,224,474	-309,455	10,915,019	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	1,172,366	347,717	1,520,083	-118,304	1,401,779	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	631,139	1,135,827	1,766,966	-22,004	1,744,962	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	820,931	640,906	1,461,837	0	1,461,837	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,284,111	178,308,176	247,592,287	17,265,461	264,857,748	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	895,864	2,205,779	3,101,643	-670,781	2,430,862	192.00
194.00	RENTAL SPACE	0	18,198,397	18,198,397	-16,680,497	1,517,900	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150048

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

Worksheet A
Date/Time Prepared:
5/23/2012 1:22 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	
194.01 FOUNDATION	158,509	167,091	325,600	0	325,600	194.01
194.02 RETAIL SERVICES	75,787	19,175	94,962	0	94,962	194.02
194.03 REID CONTRACTED SERVICES	363,451	24,349	387,800	85,817	473,617	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 VACANT SPACE	0	0	0	0	0	194.06
200.00 TOTAL (SUM OF LINES 118-199)	70,777,722	198,922,967	269,700,689	0	269,700,689	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150048

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

Worksheet A
Date/Time Prepared:
5/23/2012 1:22 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	-9,646,317	19,836,031	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	670,781	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
4.00	EMPLOYEE BENEFITS	1,424,455	29,137,981	4.00
5.01	NONPATIENT TELEPHONES	0	259,279	5.01
5.02	DATA PROCESSING	-207,109	16,946,468	5.02
5.03	PURCHASING, RECEIVING AND STORES	-527,043	910,019	5.03
5.04	ADMITTING	-48	1,600,889	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-3,110	3,970,886	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-3,024,861	10,114,321	5.06
7.00	OPERATION OF PLANT	-83,941	4,008,907	7.00
8.00	LAUNDRY & LINEN SERVICE	180	669,859	8.00
9.00	HOUSEKEEPING	0	1,997,536	9.00
10.00	DIETARY	-353,829	1,592,838	10.00
11.00	CAFETERIA	-2,584,729	269,893	11.00
13.00	NURSING ADMINISTRATION	-12	845,663	13.00
14.00	CENTRAL SERVICES & SUPPLY	-14,049	2,660,285	14.00
15.00	PHARMACY	-217,916	17,851,796	15.00
16.00	MEDICAL RECORDS & LIBRARY	-136,958	4,633,095	16.00
17.00	SOCIAL SERVICE	-6	2,219,245	17.00
17.01	INSERVICE EDUCATION	-843,602	524,228	17.01
23.00	PARAMED ED PRGM	-36,179	193,265	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,630,312	11,902,532	30.00
31.00	INTENSIVE CARE UNIT	-22,383	5,747,397	31.00
40.00	SUBPROVIDER - IRF	-28	2,562,541	40.00
41.00	SUBPROVIDER - IRF	-15,472	1,856,457	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-83	499,580	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-9,661,267	22,571,358	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	975,973	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-84,756	14,773,862	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	5,614,616	59.00
60.00	LABORATORY	-864,964	7,762,924	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,664,058	63.00
65.00	RESPIRATORY THERAPY	0	1,978,276	65.00
66.00	PHYSICAL THERAPY	-13,095	4,424,342	66.00
69.00	ELECTROCARDIOLOGY	-89,601	1,971,279	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	244,682	70.00
70.01	CARDIAC REHAB	-10	227,225	70.01
70.02	EMG & ENG	0	145,687	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	39,051	70.03
70.06	O/P PSYCHIATRIC	0	118,425	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,859,575	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	844,001	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-5,216,470	5,698,549	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	1,401,779	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	-502,534	1,242,428	96.00
99.10	CORF	0	0	99.10
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
116.00	HOSPICE	0	1,461,837	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-35,356,049	229,501,699	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,430,862	192.00
194.00	RENTAL SPACE	0	1,517,900	194.00
194.01	FOUNDATION	0	325,600	194.01
194.02	RETAIL SERVICES	0	94,962	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150048

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

Worksheet A
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
194.03 REID CONTRACTED SERVICES	0	473,617	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	194.05
194.06 VACANT SPACE	0	0	194.06
200.00 TOTAL (SUM OF LINES 118-199)	-35,356,049	234,344,640	200.00

RECLASSIFICATIONS

Provider CCN: 150048

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

Worksheet A-6
Date/Time Prepared:
5/23/2012 1:22 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DIETARY RECLASS						
1.00	CAFETERIA	11.00	1,129,754	1,724,868	1.00	
	TOTALS		1,129,754	1,724,868		
B - LAUNDRY RECLASS						
1.00	REID CONTRACTED SERVICES	194.03	28,963	35,167	1.00	
	TOTALS		28,963	35,167		
D - VP OF NURSING SALARY RECLASS						
1.00	NURSING ADMINISTRATION	13.00	224,591	0	1.00	
	TOTALS		224,591	0		
E - QUAKER HILLS RENT RECLASS						
1.00	RENTAL SPACE	194.00	0	3,522	1.00	
	TOTALS		0	3,522		
F - OCC MED RECLASS						
1.00	REID CONTRACTED SERVICES	194.03	12,766	8,921	1.00	
2.00	EMPLOYEE BENEFITS	4.00	100,983	186,785	2.00	
	TOTALS		113,749	195,706		
H - PROPERTY INSURANCE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	329,617	1.00	
	TOTALS		0	329,617		
I - WORKERS COMPENSATION RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	0	331,161	1.00	
	TOTALS		0	331,161		
K - BUILDING RENTAL RECLASS						
1.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	2,584	1.00	
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,746,814	2.00	
	TOTALS		0	2,749,398		
L - BUILDING DEPR EXPENSE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,665,177	1.00	
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	576,483	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
	TOTALS		0	15,241,660		
N - PROPERTY TAX RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	27,161	1.00	
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	91,714	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	TOTALS		0	118,875		
O - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,859,575	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	TOTALS		0	12,859,575		
500.00	Grand Total: Increases		1,497,057	33,589,549	500.00	

RECLASSIFICATIONS

Provider CCN: 150048

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

Worksheet A-6
Date/Time Prepared:
5/23/2012 1:22 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - DIETARY RECLASS							
1.00	DIETARY	10.00	1,129,754	1,724,868	0		1.00
	TOTALS		1,129,754	1,724,868			
B - LAUNDRY RECLASS							
1.00	LAUNDRY & LINEN SERVICE	8.00	28,963	35,167	0		1.00
	TOTALS		28,963	35,167			
D - VP OF NURSING SALARY RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	224,591	0	0		1.00
	TOTALS		224,591	0			
E - QUAKER HILLS RENT RECLASS							
1.00	OPERATION OF PLANT	7.00	0	3,522	0		1.00
	TOTALS		0	3,522			
F - OCC MED RECLASS							
1.00	EMERGENCY	91.00	113,749	195,706	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		113,749	195,706			
H - PROPERTY INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	329,617	12		1.00
	TOTALS		0	329,617			
I - WORKERS COMPENSATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	331,161	0		1.00
	TOTALS		0	331,161			
K - BUILDING RENTAL RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,584	10		1.00
2.00	RENTAL SPACE	194.00	0	2,746,814	10		2.00
	TOTALS		0	2,749,398			
L - BUILDING DEPR EXPENSE RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	6,202	9		1.00
2.00	DATA PROCESSING	5.02	0	12,019	9		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	54,950	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	68,904	0		4.00
5.00	DIETARY	10.00	0	3,227	0		5.00
6.00	PHARMACY	15.00	0	2,083	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,380	0		7.00
8.00	PARAMED PRGM	23.00	0	8,224	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	16,779	0		9.00
10.00	OPERATING ROOM	50.00	0	3,596	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,867	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	260,937	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	204	0		13.00
14.00	CARDIAC REHAB	70.01	0	37,939	0		14.00
15.00	PATIENT CARE CENTER - OCC	93.00	0	118,304	0		15.00
16.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	22,004	0		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	576,483	0		17.00
18.00	RENTAL SPACE	194.00	0	13,926,558	0		18.00
	TOTALS		0	15,241,660			
N - PROPERTY TAX RECLASS							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	4,663	13		1.00
2.00	OPERATING ROOM	50.00	0	8,894	13		2.00
3.00	LABORATORY	60.00	0	2,957	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	91,714	0		4.00
5.00	RENTAL SPACE	194.00	0	10,647	0		5.00
	TOTALS		0	118,875			
O - IMPLANTABLE DEVICES RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,540	0		1.00
2.00	OPERATING ROOM	50.00	0	7,572,550	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,463	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	5,262,013	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	2,009	0		5.00
	TOTALS		0	12,859,575			
500.00	Grand Total: Decreases		1,497,057	33,589,549			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/23/2012 1:22 pm

		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	9,705,041	686,330	0	686,330	0	1.00
2.00	Land Improvements	31,500,974	424,159	0	424,159	4,646	2.00
3.00	Buildings and Fixtures	105,924,095	5,967,105	0	5,967,105	0	3.00
4.00	Building Improvements	6,173,701	689,083	0	689,083	0	4.00
5.00	Fixed Equipment	101,781,748	1,468,555	0	1,468,555	0	5.00
6.00	Movable Equipment	125,911,543	11,709,975	0	11,709,975	913,358	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	380,997,102	20,945,207	0	20,945,207	918,004	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	380,997,102	20,945,207	0	20,945,207	918,004	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	11,713,579	0	0	0	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,713,579	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	401,024,305	0	401,024,305	1.000000	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	401,024,305	0	401,024,305	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/23/2012 1:22 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,391,371	0			1.00	
2.00	Land Improvements	31,920,487	0			2.00	
3.00	Buildings and Fixtures	111,891,200	0			3.00	
4.00	Building Improvements	6,862,784	0			4.00	
5.00	Fixed Equipment	103,250,303	0			5.00	
6.00	Movable Equipment	136,708,160	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	401,024,305	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	401,024,305	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	11,713,579			1.00	
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0			1.01	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	11,713,579			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	26,375,335	2,746,814	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	576,483	2,584	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,951,818	2,749,398	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-9,642,896	329,617	27,161	0	19,836,031	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	91,714	0	670,781	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-9,642,896	329,617	118,875	0	20,506,812	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,884,559	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
1.01 Investment income - NEW CAP BLDG & FIXT - OFFSITE (chapter 2)			NEW CAP BLDG & FIXT - OFFSITE	1.01 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-423,772	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)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-14,605,397		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	-4,465,782		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-1,923,746	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-1,165	RADIOLOGY-DIAGNOSTIC	54.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			0*** 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
26.01 Depreciation - NEW CAP BLDG & FIXT - OFFSITE			NEW CAP BLDG & FIXT - OFFSITE	1.01 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 MASSAGE THERAPY REVENUE	B	-124,380	EMPLOYEE BENEFITS	4.00 33.00
33.01 MISC OTC REVENUE	B	-3,140	EMPLOYEE BENEFITS	4.00 33.01
33.02 MISC OPERATING INCOME	B	-24,270	EMPLOYEE BENEFITS	4.00 33.02
33.03 MISC OTC REVENUE	B	-1,437	PURCHASING, RECEIVING AND STORES	5.03 33.03
33.04 CONTRACT SERVICE	B	-79,500	PURCHASING, RECEIVING AND STORES	5.03 33.04
33.05 MISC OPERATING INCOME	B	1,718	PURCHASING, RECEIVING AND STORES	5.03 33.05
33.06 MISC OPERATING INCOME	B	-48	ADMINISTRATIVE	5.04 33.06
33.07 MISC OPERATING INCOME	B	-3,081	CASHIERING/ACCOUNTS RECEIVABLE	5.05 33.07
33.08 MEDICAL STAFF APPLICATION FEES	B	-1,600	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.08
33.09 MISC OTC REVENUE	B	-305	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
33.10	MISC OPERATING INCOME	B	-93,708	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.10
33.11	PURCHASE DISCOUNTS	B	-136,469	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.11
33.12	MISC OPERATING INCOME	B	-30,621	OPERATION OF PLANT	7.00	33.12
33.13	MISC OPERATING INCOME	B	180	LAUNDRY & LINEN SERVICE	8.00	33.13
33.14	COFFEE KIOSK	B	-130,690	DIETARY	10.00	33.14
33.15	MISC OPERATING INCOME	B	-9,029	DIETARY	10.00	33.15
33.16	NOURISH YOU/ OP NUTRITIONAL COUNSEL	B	-45,440	DIETARY	10.00	33.16
33.17	PURCHASE DISCOUNTS	B	-457	DIETARY	10.00	33.17
33.18	VENDING REVENUE	B	-11,807	DIETARY	10.00	33.18
33.19	OP DIABETES	B	-149,162	DIETARY	10.00	33.19
33.20	CATERING INCOME	B	-396,295	CAFETERIA	11.00	33.20
33.21	GUEST MEALS	B	-30,078	CAFETERIA	11.00	33.21
33.22	HEAD START	B	-195,716	CAFETERIA	11.00	33.22
33.23	MEALS ON WHEELS	B	-38,894	CAFETERIA	11.00	33.23
33.24	PURCHASE DISCOUNTS	B	-6,849	CENTRAL SERVICES & SUPPLY	14.00	33.24
33.25	MISC OTC REVENUE	B	-7,200	CENTRAL SERVICES & SUPPLY	14.00	33.25
33.26	CONTRACT SERVICE	B	-15,000	PHARMACY	15.00	33.26
33.27	PHARMACY MANU. DISPLAYS	B	-10,125	PHARMACY	15.00	33.27
33.28	PHARMACY CLERKSHIP	B	-1,800	PHARMACY	15.00	33.28
33.29	RETURNS OUTDATED DRUGS & IVS	B	-150,366	PHARMACY	15.00	33.29
33.30	PHARMACY VOLUME REBATES	B	-33,289	PHARMACY	15.00	33.30
33.31	MEDICAL REPORTS	B	-93,072	MEDICAL RECORDS & LIBRARY	16.00	33.31
33.32	MISC OPERATING INCOME	B	-43,886	MEDICAL RECORDS & LIBRARY	16.00	33.32
33.33	MISC OPERATING INCOME	B	-8,318	INSERVICE EDUCATION	17.01	33.33
33.34	COPYING & PRINTING REVENUE	B	-51	INSERVICE EDUCATION	17.01	33.34
33.35	X-RAY SCHOOL TUITION	B	-34,865	PARAMED ED PRGM	23.00	33.35
33.36	MISC OPERATING INCOME	B	-969	PARAMED ED PRGM	23.00	33.36
33.37	MISC OPERATING INCOME	B	-1,788	ADULTS & PEDIATRICS	30.00	33.37
33.38	MISC OPERATING INCOME	B	-22,947	RADIOLOGY-DIAGNOSTIC	54.00	33.38
33.39	RADIOLOGISTIC INC. SERVICES	B	-2,400	RADIOLOGY-DIAGNOSTIC	54.00	33.39
33.40	X-RAY BILLING FEES	B	-58,244	RADIOLOGY-DIAGNOSTIC	54.00	33.40
33.41	MISC OPERATING INCOME	B	-43,822	LABORATORY	60.00	33.41
33.42	POOL WATER TESTING	B	-16,498	LABORATORY	60.00	33.42
33.43	RENTAL - ORPRO	B	-2,599	PHYSICAL THERAPY	66.00	33.43
33.44	PROPERTY RENTAL	B	-10,236	PHYSICAL THERAPY	66.00	33.44
33.45	MISC OPERATING INCOME	B	-32,000	EMERGENCY	91.00	33.45
33.46	PROPERTY RENTAL	B	-3	EMERGENCY	91.00	33.46
33.47	MISC OTC	B	-470,530	DURABLE MEDICAL EQUIP-RENTED	96.00	33.47
33.48	PHYSICIAN LOAN FORGIVENESS	B	-138,919	EMPLOYEE BENEFITS	4.00	33.48
33.49	SELF INSURANCE	A	1,893,359	EMPLOYEE BENEFITS	4.00	33.49
33.50	AHA LIVES 1991	A	-3,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.50
33.51	COMMUNITY EDUCATION EXPENSE	A	-539,168	INSERVICE EDUCATION	17.01	33.51
33.52	NON-ALLOWABLE LOBBYING EXPENSE	A	-12,334	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.52
33.53	MEDICAL STAFF DEVELOPMENT	A	-641,085	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.53
33.54	LLC PHYSICIAN MINORITY INTEREST	A	-1,468	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.54
33.55	NON-ALLOWABLE ADVERTISING EXPENSE	A	-1,396,021	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.55
33.56	PHYSICIAN AND EMPLOYEE RELOCATION EX	A	-2,599	EMPLOYEE BENEFITS	4.00	33.56
33.57	MARKETING / PROMOTIONS	A	-1,041	EMPLOYEE BENEFITS	4.00	33.57
33.58	MARKETING / PROMOTIONS	A	-162,761	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.58
33.59	MARKETING / PROMOTIONS	A	-1,899	DIETARY	10.00	33.59
33.60	MARKETING / PROMOTIONS	A	-19	PHARMACY	15.00	33.60
33.61	MARKETING / PROMOTIONS	A	-74	INSERVICE EDUCATION	17.01	33.61
33.62	MARKETING / PROMOTIONS	A	-28	PHYSICAL THERAPY	66.00	33.62
33.63	MARKETING / PROMOTIONS	A	-1,090	DURABLE MEDICAL EQUIP-RENTED	96.00	33.63
33.64	LIFELINE EXPENSE	A	-18,251	DURABLE MEDICAL EQUIP-RENTED	96.00	33.64
33.65	LIFELINE EXPENSE	A	-12,663	DURABLE MEDICAL EQUIP-RENTED	96.00	33.65
33.66	LIFELINE EXPENSE	A	-88	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.66
33.67	COMMUNITY RECOGN./APPRECIATION	A	-17,405	EMPLOYEE BENEFITS	4.00	33.67
33.68	COMMUNITY RECOGN./APPRECIATION	A	-60	PURCHASING, RECEIVING AND STORES	5.03	33.68

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.69 COMMUNITY RECOGN./APPRECIATION	A	-29	CASHIERING/ACCOUNTS RECEIVABLE	5.05	33.69	
33.70 COMMUNITY RECOGN./APPRECIATION	A	-66,055	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.70	
33.71 COMMUNITY RECOGN./APPRECIATION	A	-5,345	DIETARY	10.00	33.71	
33.72 COMMUNITY RECOGN./APPRECIATION	A	-12	NURSING ADMINISTRATION	13.00	33.72	
33.73 COMMUNITY RECOGN./APPRECIATION	A	-317	PHARMACY	15.00	33.73	
33.74 COMMUNITY RECOGN./APPRECIATION	A	-6	SOCIAL SERVICE	17.00	33.74	
33.75 COMMUNITY RECOGN./APPRECIATION	A	-295,991	INSERVICE EDUCATION	17.01	33.75	
33.76 COMMUNITY RECOGN./APPRECIATION	A	-345	PARAMED ED PRGM	23.00	33.76	
33.77 COMMUNITY RECOGN./APPRECIATION	A	-5,076	ADULTS & PEDIATRICS	30.00	33.77	
33.78 COMMUNITY RECOGN./APPRECIATION	A	-28	SUBPROVIDER - I PF	40.00	33.78	
33.79 COMMUNITY RECOGN./APPRECIATION	A	-550	SUBPROVIDER - I RF	41.00	33.79	
33.80 COMMUNITY RECOGN./APPRECIATION	A	-83	NURSERY	43.00	33.80	
33.81 COMMUNITY RECOGN./APPRECIATION	A	-232	PHYSICAL THERAPY	66.00	33.81	
33.82 COMMUNITY RECOGN./APPRECIATION	A	-10	ELECTROCARDIOLOGY	69.00	33.82	
33.83 COMMUNITY RECOGN./APPRECIATION	A	-10	CARDIAC REHAB	70.01	33.83	
33.84 COMMUNITY RECOGN./APPRECIATION	A	-1,042	EMERGENCY	91.00	33.84	
33.85 DEPRECIATION OF PATIENT ENTERTAINMEN	A	-746	DATA PROCESSING	5.02	33.85	
33.86 DEPRECIATION OF PATIENT ENTERTAINMEN	A	-105,948	ADULTS & PEDIATRICS	30.00	33.86	
33.87 DEPRECIATION OF PATIENT ENTERTAINMEN	A	-22,383	INTENSIVE CARE UNIT	31.00	33.87	
33.88 DEPRECIATION OF PATIENT ENTERTAINMEN	A	-14,922	SUBPROVIDER - I RF	41.00	33.88	
33.89 CABLE TV	A	-53,320	OPERATION OF PLANT	7.00	33.89	
33.90 PATIENT ENTERTAINMENT SYSTEM MAINTEN	A	-42,964	DATA PROCESSING	5.02	33.90	
33.91 UNNECESSARY BORROWING	A	-6,758,337	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.91	
33.92 PHYSICIAN RECRUITMENT EXPENSE	A	-19,400	EMPLOYEE BENEFITS	4.00	33.92	
33.93 ALCOHOL EXPENSE	A	-94	EMPLOYEE BENEFITS	4.00	33.93	
33.94 ALCOHOL EXPENSE	A	-74	EMPLOYEE BENEFITS	4.00	33.94	
33.95 ALCOHOL EXPENSE	A	-7,124	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.95	
33.96 ALCOHOL EXPENSE	A	-70	OPERATING ROOM	50.00	33.96	
33.97 COUNTRY CLUB DUES EXPENSE	A	-23,082	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.97	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,356,049			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8

Date/Time Prepared:
5/23/2012 1:22 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
1.01	Investment income - NEW CAP BLDG & FIXT - OFFSITE (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP BLDG & FIXT - OFFSITE	0	26.01
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	MASSAGE THERAPY REVENUE	0	33.00
33.01	MISC OTC REVENUE	0	33.01
33.02	MISC OPERATING INCOME	0	33.02
33.03	MISC OTC REVENUE	0	33.03
33.04	CONTRACT SERVICE	0	33.04
33.05	MISC OPERATING INCOME	0	33.05
33.06	MISC OPERATING INCOME	0	33.06
33.07	MISC OPERATING INCOME	0	33.07
33.08	MEDICAL STAFF APPLICATION FEES	0	33.08
33.09	MISC OTC REVENUE	0	33.09
33.10	MISC OPERATING INCOME	0	33.10
33.11	PURCHASE DISCOUNTS	0	33.11
33.12	MISC OPERATING INCOME	0	33.12
33.13	MISC OPERATING INCOME	0	33.13
33.14	COFFEE KIOSK	0	33.14
33.15	MISC OPERATING INCOME	0	33.15
33.16	NOURISH YOU/ OP NUTRITIONAL COUNSEL	0	33.16
33.17	PURCHASE DISCOUNTS	0	33.17
33.18	VENDING REVENUE	0	33.18
33.19	OP DIABETES	0	33.19
33.20	CATERING INCOME	0	33.20
33.21	GUEST MEALS	0	33.21
33.22	HEAD START	0	33.22
33.23	MEALS ON WHEELS	0	33.23
33.24	PURCHASE DISCOUNTS	0	33.24

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.25	MISC OTC REVENUE	0	33.25
33.26	CONTRACT SERVICE	0	33.26
33.27	PHARMACY MANU. DISPLAYS	0	33.27
33.28	PHARMACY CLERKSHIP	0	33.28
33.29	RETURNS OUTDATED DRUGS & IVS	0	33.29
33.30	PHARMACY VOLUME REBATES	0	33.30
33.31	MEDICAL REPORTS	0	33.31
33.32	MISC OPERATING INCOME	0	33.32
33.33	MISC OPERATING INCOME	0	33.33
33.34	COPYING & PRINTING REVENUE	0	33.34
33.35	X-RAY SHOOT TUITI ON	0	33.35
33.36	MISC OPERATING INCOME	0	33.36
33.37	MISC OPERATING INCOME	0	33.37
33.38	MISC OPERATING INCOME	0	33.38
33.39	RADIOLOGISTIC INC. SERVICES	0	33.39
33.40	X-RAY BILLING FEES	0	33.40
33.41	MISC OPERATING INCOME	0	33.41
33.42	POOL WATER TESTING	0	33.42
33.43	RENTAL - ORPRO	0	33.43
33.44	PROPERTY RENTAL	0	33.44
33.45	MISC OPERATING INCOME	0	33.45
33.46	PROPERTY RENTAL	0	33.46
33.47	MISC OTC	0	33.47
33.48	PHYSICIAN LOAN FORGIVENESS	0	33.48
33.49	SELF INSURANCE	0	33.49
33.50	AHA LIVES 1991	9	33.50
33.51	COMMUNITY EDUCATION EXPENSE	0	33.51
33.52	NON-ALLOWABLE LOBBYING EXPENSE	0	33.52
33.53	MEDICAL STAFF DEVELOPMENT	0	33.53
33.54	LLC PHYSICIAN MINORITY INTEREST	0	33.54
33.55	NON-ALLOWABLE ADVERTISING EXPENSE	0	33.55
33.56	PHYSICIAN AND EMPLOYEE RELOCATION EX	0	33.56
33.57	MARKETING / PROMOTIONS	0	33.57
33.58	MARKETING / PROMOTIONS	0	33.58
33.59	MARKETING / PROMOTIONS	0	33.59
33.60	MARKETING / PROMOTIONS	0	33.60
33.61	MARKETING / PROMOTIONS	0	33.61
33.62	MARKETING / PROMOTIONS	0	33.62
33.63	MARKETING / PROMOTIONS	0	33.63
33.64	LIFELINE EXPENSE	0	33.64
33.65	LIFELINE EXPENSE	0	33.65
33.66	LIFELINE EXPENSE	9	33.66
33.67	COMMUNITY RECOGN. /APPRECIATION	0	33.67
33.68	COMMUNITY RECOGN. /APPRECIATION	0	33.68
33.69	COMMUNITY RECOGN. /APPRECIATION	0	33.69
33.70	COMMUNITY RECOGN. /APPRECIATION	0	33.70
33.71	COMMUNITY RECOGN. /APPRECIATION	0	33.71
33.72	COMMUNITY RECOGN. /APPRECIATION	0	33.72
33.73	COMMUNITY RECOGN. /APPRECIATION	0	33.73
33.74	COMMUNITY RECOGN. /APPRECIATION	0	33.74
33.75	COMMUNITY RECOGN. /APPRECIATION	0	33.75
33.76	COMMUNITY RECOGN. /APPRECIATION	0	33.76
33.77	COMMUNITY RECOGN. /APPRECIATION	0	33.77
33.78	COMMUNITY RECOGN. /APPRECIATION	0	33.78
33.79	COMMUNITY RECOGN. /APPRECIATION	0	33.79
33.80	COMMUNITY RECOGN. /APPRECIATION	0	33.80
33.81	COMMUNITY RECOGN. /APPRECIATION	0	33.81
33.82	COMMUNITY RECOGN. /APPRECIATION	0	33.82
33.83	COMMUNITY RECOGN. /APPRECIATION	0	33.83
33.84	COMMUNITY RECOGN. /APPRECIATION	0	33.84
33.85	DEPRECIATION OF PATIENT ENTERTAINMEN	0	33.85
33.86	DEPRECIATION OF PATIENT ENTERTAINMEN	0	33.86
33.87	DEPRECIATION OF PATIENT ENTERTAINMEN	0	33.87
33.88	DEPRECIATION OF PATIENT ENTERTAINMEN	0	33.88
33.89	CABLE TV	0	33.89
33.90	PATIENT ENTERTAINMENT SYSTEM MAINTEN	0	33.90
33.91	UNNECESSARY BORROWING	11	33.91
33.92	PHYSICIAN RECRUITMENT EXPENSE	0	33.92
33.93	ALCOHOL EXPENSE	0	33.93
33.94	ALCOHOL EXPENSE	0	33.94
33.95	ALCOHOL EXPENSE	0	33.95
33.96	ALCOHOL EXPENSE	0	33.96
33.97	COUNTRY CLUB DUES EXPENSE	0	33.97
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: 150048

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2012 1:22 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	50.00	OPERATING ROOM	REID OUTPATIENT SURGERY	1.00
2.00	4.00	EMPLOYEE BENEFITS	RPA EXPENSES	2.00
3.00	5.02	DATA PROCESSING	RPA EXPENSES	3.00
4.00	5.03	PURCHASING, RECEIVING AND STORES	RPA EXPENSES	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	RPA EXPENSES	4.01
4.02	15.00	PHARMACY	RPA EXPENSES	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	A	REID O/P SURGER	55.00	6.00
7.00	A	REID PHYSICIAN	100.00	7.00
8.00	A		0.00	8.00
9.00	A		0.00	9.00
10.00	A		0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150048

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2012 1:22 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	16,884,776	20,535,736	-3,650,960	0		1.00
2.00	0	137,582	-137,582	0		2.00
3.00	0	163,399	-163,399	0		3.00
4.00	0	23,992	-23,992	0		4.00
4.01	0	482,849	-482,849	0		4.01
4.02	0	7,000	-7,000	0		4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	21,350,558	-4,465,782			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150048

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 1:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	999,120	999,120	1.00
2.00	50.00	OPERATING ROOM	6,010,237	6,010,237	2.00
3.00	60.00	LABORATORY	804,644	804,644	3.00
4.00	69.00	ELECTROCARDIOLOGY	89,591	89,591	4.00
5.00	91.00	EMERGENCY	5,214,847	5,066,696	5.00
6.00	30.00	ADULTS & PEDIATRICS	1,518,380	1,518,380	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			14,636,819	14,488,668	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150048

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 1:22 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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	148,151	159,800	409	31,422	1,571	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	148,151		409	31,422	1,571	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150048

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 1:22 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	31,422	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	31,422	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150048

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2012 1:22 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	999,120	1.00
2.00	0	6,010,237	2.00
3.00	0	804,644	3.00
4.00	0	89,591	4.00
5.00	116,729	5,183,425	5.00
6.00	0	1,518,380	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	116,729	14,605,397	200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 5/23/2012 1:22 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	19,836,031	19,836,031				1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE	670,781	0	670,781			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 EMPLOYEE BENEFITS	29,137,981	85,465	0	0	29,223,446	4.00
5.01 NONPATIENT TELEPHONES	259,279	96,031	0	0	99,501	5.01
5.02 DATA PROCESSING	16,946,468	381,068	8,716	0	1,353,361	5.02
5.03 PURCHASING, RECEIVING AND STORES	910,019	430,625	0	0	353,502	5.03
5.04 ADMINISTRATION	1,600,889	3,962	11,247	0	203,174	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,970,886	22,426	47,830	0	346,080	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	10,114,321	760,899	5,444	0	1,722,450	5.06
7.00 OPERATION OF PLANT	4,008,907	4,959,198	11,396	0	689,794	7.00
8.00 LAUNDRY & LINEN SERVICE	669,859	339,409	0	0	126,851	8.00
9.00 HOUSEKEEPING	1,997,536	211,845	0	0	646,023	9.00
10.00 DIETARY	1,592,838	357,157	0	0	561,520	10.00
11.00 CAFETERIA	269,893	260,328	0	0	474,622	11.00
13.00 NURSING ADMINISTRATION	845,663	53,794	0	0	308,941	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,660,285	231,437	0	0	236,668	14.00
15.00 PHARMACY	17,851,796	201,197	0	0	1,171,056	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,633,095	96,498	39,084	0	746,946	16.00
17.00 SOCIAL SERVICE	2,219,245	24,902	0	0	338,390	17.00
17.01 INSERVICE EDUCATION	524,228	294,861	0	0	229,137	17.01
23.00 PARAMED PRGM	193,265	47,052	0	0	82,816	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,902,532	2,909,950	0	0	4,425,618	30.00
31.00 INTENSIVE CARE UNIT	5,747,397	679,121	0	0	1,850,741	31.00
40.00 SUBPROVIDER - IPF	2,562,541	614,706	0	0	942,740	40.00
41.00 SUBPROVIDER - IRF	1,856,457	492,481	0	0	510,527	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	499,580	73,770	0	0	179,253	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,571,358	1,304,064	18,112	0	383,807	50.00
52.00 DELIVERY ROOM & LABOR ROOM	975,973	232,868	0	0	328,037	52.00
54.00 RADIOLOGY-DIAGNOSTIC	14,773,862	1,529,007	0	0	2,484,804	54.00
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	5,614,616	373,667	0	0	504,139	59.00
60.00 LABORATORY	7,762,924	365,219	0	0	1,360,637	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,664,058	21,985	0	0	22,016	63.00
65.00 RESPIRATORY THERAPY	1,978,276	34,120	0	0	642,443	65.00
66.00 PHYSICAL THERAPY	4,424,342	187,934	270,926	0	1,592,588	66.00
69.00 ELECTROCARDIOLOGY	1,971,279	488,271	0	0	426,988	69.00
70.00 ELECTROENCEPHALOGRAPHY	244,682	0	20,238	0	82,732	70.00
70.01 CARDIAC REHAB	227,225	130,838	0	0	79,782	70.01
70.02 EMG & ENG	145,687	14,721	0	0	45,387	70.02
70.03 O/P CHEMICAL DEPENDENCY	39,051	11,144	10,113	0	14,880	70.03
70.06 O/P PSYCHIATRIC	118,425	123,712	0	0	41,682	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,859,575	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	844,001	40,999	0	0	0	74.00
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
91.00 EMERGENCY	5,698,549	615,202	0	0	1,866,246	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	1,401,779	269,409	0	0	492,524	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	1,242,428	36,871	6,310	0	265,148	96.00
99.10 CORF	0	0	0	0	0	99.10
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
116.00 HOSPICE	1,461,837	12,245	0	0	344,882	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	229,501,699	19,420,458	449,416	0	28,578,433	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	2,430,862	270,812	130,225	0	376,362	192.00
194.00 RENTAL SPACE	1,517,900	0	33,138	0	0	194.00
194.01 FOUNDATION	325,600	10,731	0	0	66,591	194.01
194.02 RETAIL SERVICES	94,962	64,387	0	0	31,839	194.02
194.03 REID CONTRACTED SERVICES	473,617	10,429	0	0	170,221	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	14,638	0	0	0	194.05
194.06 VACANT SPACE	0	44,576	58,002	0	0	194.06
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)	234,344,640	19,836,031	670,781	0	29,223,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/23/2012 1:22 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
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	454,811					5.01
5.02	DATA PROCESSING	46,989	18,736,602				5.02
5.03	PURCHASING, RECEIVING AND STORES	6,188	246,049	1,946,383			5.03
5.04	ADMINISTRATIVE	17,017	405,980	688	2,242,957		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	26,492	701,239	1,255	0	5,116,208	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	22,044	1,599,316	2,646	0	0	5.06
7.00	OPERATION OF PLANT	10,249	516,702	10,066	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	1,160	24,605	17,316	0	0	8.00
9.00	HOUSEKEEPING	1,354	36,907	9,477	0	0	9.00
10.00	DIETARY	17,017	418,283	8,228	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	3,481	159,932	260	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,934	147,629	99,944	0	0	14.00
15.00	PHARMACY	8,315	455,190	41,400	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	12,956	873,473	1,310	0	0	16.00
17.00	SOCIAL SERVICE	6,381	295,258	869	0	0	17.00
17.01	INSERVICE EDUCATION	7,928	1,869,969	555	0	0	17.01
23.00	PARAMED PRGM	580	123,024	250	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	50,471	2,645,023	39,977	136,232	310,776	30.00
31.00	INTENSIVE CARE UNIT	10,442	442,888	35,069	40,794	93,061	31.00
40.00	SUBPROVIDER - IPF	4,448	159,932	6,241	32,558	74,273	40.00
41.00	SUBPROVIDER - IRF	6,381	295,258	3,603	12,239	27,919	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	2,157	8,967	20,455	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	32,293	1,008,799	583,079	404,886	923,144	50.00
52.00	DELIVERY ROOM & LABOR ROOM	8,702	381,375	6,311	25,564	58,316	52.00
54.00	RADIOLOGY-DIAGNOSTIC	28,426	1,660,828	87,423	388,298	885,797	54.00
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	5,801	270,653	565,464	183,628	418,898	59.00
60.00	LABORATORY	12,182	676,634	181,879	269,907	615,720	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	108,471	14,680	33,489	63.00
65.00	RESPIRATORY THERAPY	1,740	147,629	13,352	40,977	93,477	65.00
66.00	PHYSICAL THERAPY	17,017	1,205,638	3,078	42,373	96,663	66.00
69.00	ELECTROCARDIOLOGY	1,740	455,190	7,982	105,028	239,593	69.00
70.00	ELECTROENCEPHALOGRAPHY	387	24,605	460	9,652	22,018	70.00
70.01	CARDIAC REHAB	2,514	24,605	803	4,189	9,556	70.01
70.02	EMG & ENG	0	0	477	5,559	12,682	70.02
70.03	O/P CHEMICAL DEPENDENCY	1,740	0	0	1,000	2,280	70.03
70.06	O/P PSYCHIATRIC	4,641	0	0	2,193	5,003	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	821	1,874	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	93,012	212,182	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	247,080	563,647	73.00
74.00	RENAL DIALYSIS	967	24,605	1,291	2,478	5,654	74.00
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
91.00	EMERGENCY	23,011	738,146	24,803	130,952	298,731	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	10,829	479,795	2,684	10,561	24,093	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	4,834	123,024	56,612	19,332	44,101	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	2,320	12,302	16,402	9,997	22,806	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	420,971	18,650,485	1,941,882	2,242,957	5,116,208	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	11,989	12,302	455	0	0	192.00
194.00	RENTAL SPACE	20,497	0	3,261	0	0	194.00
194.01	FOUNDATION	1,354	73,815	219	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2012 1:22 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	
194.02 RETAIL SERVICES	0	0	566	0	0	194.02
194.03 REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 VACANT SPACE	0	0	0	0	0	194.06
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)	454,811	18,736,602	1,946,383	2,242,957	5,116,208	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.05	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE						1.01
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	14,227,120	14,227,120				5.06
7.00 OPERATION OF PLANT	10,206,312	659,675	10,865,987			7.00
8.00 LAUNDRY & LINEN SERVICE	1,179,200	76,216	282,103	1,537,519		8.00
9.00 HOUSEKEEPING	2,903,142	187,642	168,164	0	3,258,948	9.00
10.00 DIETARY	2,955,043	190,996	261,794	0	78,740	10.00
11.00 CAFETERIA	1,004,843	64,947	216,374	0	0	11.00
13.00 NURSING ADMINISTRATION	1,372,071	88,682	44,711	0	140,642	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,377,897	218,327	192,361	0	36,050	14.00
15.00 PHARMACY	19,728,954	1,275,161	161,006	0	33,441	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,403,362	413,875	149,731	0	0	16.00
17.00 SOCIAL SERVICE	2,885,045	186,472	20,697	0	0	17.00
17.01 INSERVICE EDUCATION	2,926,678	189,163	212,898	0	13,044	17.01
23.00 PARAMED ED PRGM	446,987	28,891	2,905	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	22,420,579	1,449,132	2,393,246	437,942	1,035,482	30.00
31.00 INTENSIVE CARE UNIT	8,899,513	575,211	564,458	124,440	252,586	31.00
40.00 SUBPROVIDER - IPF	4,397,439	284,224	510,919	103,496	142,539	40.00
41.00 SUBPROVIDER - IRF	3,204,865	207,143	409,330	41,722	103,406	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	784,182	50,685	61,315	79,881	14,942	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	27,229,542	1,759,999	695,869	277,401	290,296	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,017,146	130,376	193,550	0	92,022	52.00
54.00 RADIOLOGY-DIAGNOSTIC	21,838,445	1,411,506	984,605	150,461	110,995	54.00
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	7,936,866	512,991	105,065	63,248	79,689	59.00
60.00 LABORATORY	11,245,102	726,816	295,093	211	95,105	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,864,699	120,523	18,273	0	4,981	63.00
65.00 RESPIRATORY THERAPY	2,952,014	190,800	21,132	0	24,428	65.00
66.00 PHYSICAL THERAPY	7,840,559	506,767	1,194,118	7,700	207,286	66.00
69.00 ELECTROCARDIOLOGY	3,696,071	238,892	15,414	0	47,671	69.00
70.00 ELECTROENCEPHALOGRAPHY	404,774	26,162	77,530	5,142	11,621	70.00
70.01 CARDIAC REHAB	479,512	30,993	0	0	0	70.01
70.02 EMG & ENG	224,513	14,511	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	80,208	5,184	45,946	0	18,025	70.03
70.06 O/P PSYCHIATRIC	295,656	19,109	102,824	0	14,705	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,695	174	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,164,769	850,892	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	810,727	52,401	0	0	0	73.00
74.00 RENAL DIALYSIS	919,995	59,463	34,076	0	45,537	74.00
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
91.00 EMERGENCY	9,395,640	607,278	511,330	227,806	302,154	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	2,691,674	173,974	0	16,210	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	1,798,660	116,255	34,374	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
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
116.00 HOSPICE	1,882,791	121,692	0	1,650	22,768	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	228,095,290	13,823,200	9,981,211	1,537,310	3,218,155	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,233,007	208,962	498,889	209	22,057	192.00
194.00 RENTAL SPACE	1,574,796	101,785	126,952	0	9,724	194.00
194.01 FOUNDATION	478,310	30,915	8,919	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.05	5.06	7.00	8.00	9.00	
194.02 RETAIL SERVICES	191,754	12,394	15,643	0	0	194.02
194.03 REID CONTRACTED SERVICES	654,267	42,288	0	0	9,012	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	14,638	946	12,167	0	0	194.05
194.06 VACANT SPACE	102,578	6,630	222,206	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	234,344,640	14,227,120	10,865,987	1,537,519	3,258,948	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

Period:
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To 12/31/2011

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE						1.01
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	3,486,573					10.00
11.00 CAFETERIA	0	1,286,164				11.00
13.00 NURSING ADMINISTRATION	0	8,550	1,654,656			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	23,379	0	3,848,014		14.00
15.00 PHARMACY	0	53,800	0	0	21,252,362	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	87,262	0	0	0	16.00
17.00 SOCIAL SERVICE	0	29,876	0	0	0	17.00
17.01 INSERVICE EDUCATION	0	11,219	0	0	0	17.01
23.00 PARAMED ED PRGM	0	3,248	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,147,855	234,348	493,593	902	31,805	30.00
31.00 INTENSIVE CARE UNIT	477,874	81,652	171,979	12,685	10,194	31.00
40.00 SUBPROVIDER - I/PF	625,356	52,098	109,733	42	4,140	40.00
41.00 SUBPROVIDER - I/RF	235,488	25,279	53,243	25	2,253	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	7,502	15,801	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	80,259	169,045	1,677,959	204,944	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	14,068	29,631	821	3,320	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	119,938	252,621	1,328	590,047	54.00
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	23,829	50,191	1,649,343	3,335	59.00
60.00 LABORATORY	0	83,125	0	0	162	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,231	0	350,062	0	63.00
65.00 RESPIRATORY THERAPY	0	31,514	66,378	47	38,290	65.00
66.00 PHYSICAL THERAPY	0	77,479	0	1,536	68	66.00
69.00 ELECTROCARDIOLOGY	0	21,594	0	6,043	460,868	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	4,228	0	0	0	70.00
70.01 CARDIAC REHAB	0	4,444	9,361	0	0	70.01
70.02 EMG & ENG	0	2,537	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	662	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	2,782	5,859	7	0	70.06
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	19,574,356	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
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
91.00 EMERGENCY	0	107,879	227,221	356	84,357	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PATIENT CARE CENTER - OCC	0	30,830	0	0	5,623	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	20,587	0	146,851	0	96.00
99.10 CORF	0	0	0	0	0	99.10
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
116.00 HOSPICE	0	16,447	0	7	238,600	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,486,573	1,261,646	1,654,656	3,848,014	21,252,362	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,513	0	0	0	192.00
194.00 RENTAL SPACE	0	0	0	0	0	194.00
194.01 FOUNDATION	0	4,516	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2011

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.02 RETAIL SERVICES	0	2,666	0	0	0	194.02
194.03 REID CONTRACTED SERVICES	0	13,823	0	0	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 VACANT SPACE	0	0	0	0	0	194.06
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)	3,486,573	1,286,164	1,654,656	3,848,014	21,252,362	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
	16.00	17.00	17.01	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE						1.01
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	7,054,230					16.00
17.00 SOCIAL SERVICE	0	3,122,090				17.00
17.01 INSERVICE EDUCATION	0	0	3,353,002			17.01
23.00 PARAMED ED PRGM	0	0	0	482,031		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	428,471	1,691,304	897,408	0	33,662,067	30.00
31.00 INTENSIVE CARE UNIT	128,305	401,633	306,020	0	12,006,550	31.00
40.00 SUBPROVIDER - IPF	102,401	0	115,119	0	6,447,506	40.00
41.00 SUBPROVIDER - IRF	38,493	0	86,004	0	4,407,251	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	28,202	0	26,224	0	1,068,734	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,273,188	0	384,590	0	34,043,092	50.00
52.00 DELIVERY ROOM & LABOR ROOM	80,402	16,541	38,924	0	2,616,801	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,221,262	0	287,126	482,031	27,450,365	54.00
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	577,542	0	58,230	0	11,060,329	59.00
60.00 LABORATORY	848,903	0	202,464	0	13,496,981	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	46,172	0	0	0	2,405,941	63.00
65.00 RESPIRATORY THERAPY	128,878	0	113,157	0	3,566,638	65.00
66.00 PHYSICAL THERAPY	133,271	0	216,506	0	10,185,290	66.00
69.00 ELECTROCARDIOLOGY	330,331	0	58,334	0	4,875,218	69.00
70.00 ELECTROENCEPHALOGRAPHY	30,356	0	8,879	0	568,692	70.00
70.01 CARDIAC REHAB	13,175	0	13,009	0	550,494	70.01
70.02 EMG & ENG	17,485	0	4,749	0	263,795	70.02
70.03 O/P CHEMICAL DEPENDENCY	3,144	0	0	0	153,169	70.03
70.06 O/P PSYCHIATRIC	6,897	0	4,233	0	452,072	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,584	0	0	0	5,453	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	292,539	0	0	0	14,308,200	72.00
73.00 DRUGS CHARGED TO PATIENTS	777,108	0	0	0	21,214,592	73.00
74.00 RENAL DIALYSIS	7,795	0	21,578	0	1,088,444	74.00
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
91.00 EMERGENCY	411,865	1,012,612	327,185	0	13,215,683	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PATIENT CARE CENTER - OCC	33,217	0	78,467	0	3,029,995	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	60,802	0	33,142	0	2,210,671	96.00
99.10 CORF	0	0	0	0	0	99.10
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
116.00 HOSPICE	31,442	0	37,272	0	2,352,669	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,054,230	3,122,090	3,318,620	482,031	226,706,692	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,966,637	192.00
194.00 RENTAL SPACE	0	0	0	0	1,813,257	194.00
194.01 FOUNDATION	0	0	8,363	0	531,023	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
	16.00	17.00	17.01	23.00	24.00	
194.02 RETAIL SERVICES	0	0	3,201	0	225,658	194.02
194.03 REID CONTRACTED SERVICES	0	0	16,623	0	736,013	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	6,195	0	33,946	194.05
194.06 VACANT SPACE	0	0	0	0	331,414	194.06
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)	7,054,230	3,122,090	3,353,002	482,031	234,344,640	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

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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
1.01	NEW CAP BLDG & FIXT - OFFSITE			1.01
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			17.00
17.01	INSERVICE EDUCATION			17.01
23.00	PARAMED ED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	33,662,067	30.00
31.00	INTENSIVE CARE UNIT	0	12,006,550	31.00
40.00	SUBPROVIDER - IPF	0	6,447,506	40.00
41.00	SUBPROVIDER - IRF	0	4,407,251	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	1,068,734	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	34,043,092	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,616,801	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	27,450,365	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	11,060,329	59.00
60.00	LABORATORY	0	13,496,981	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	2,405,941	63.00
65.00	RESPIRATORY THERAPY	0	3,566,638	65.00
66.00	PHYSICAL THERAPY	0	10,185,290	66.00
69.00	ELECTROCARDIOLOGY	0	4,875,218	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	568,692	70.00
70.01	CARDIAC REHAB	0	550,494	70.01
70.02	EMG & ENG	0	263,795	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	153,169	70.03
70.06	O/P PSYCHIATRIC	0	452,072	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,453	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	14,308,200	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,214,592	73.00
74.00	RENAL DIALYSIS	0	1,088,444	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	13,215,683	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	3,029,995	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0	2,210,671	96.00
99.10	CORF	0	0	99.10
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
116.00	HOSPICE	0	2,352,669	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	226,706,692	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	3,966,637	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.00	RENTAL SPACE	0	1,813,257	194.00
194.01	FOUNDATION	0	531,023	194.01
194.02	RETAIL SERVICES	0	225,658	194.02
194.03	REID CONTRACTED SERVICES	0	736,013	194.03
194.04	REID PHYSICIAN ASSOC.	0	0	194.04
194.05	OTHER NON REIMBURSABLE COST CENTERS	0	33,946	194.05
194.06	VACANT SPACE	0	331,414	194.06
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	234,344,640	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	85,465	0	0	85,465 4.00
5.01	NONPATIENT TELEPHONES	0	96,031	0	0	96,031 5.01
5.02	DATA PROCESSING	0	381,068	8,716	0	389,784 5.02
5.03	PURCHASING, RECEIVING AND STORES	0	430,625	0	0	430,625 5.03
5.04	ADMINISTRATIVE	0	3,962	11,247	0	15,209 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	22,426	47,830	0	70,256 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	760,899	5,444	0	766,343 5.06
7.00	OPERATION OF PLANT	0	4,959,198	11,396	0	4,970,594 7.00
8.00	LAUNDRY & LINEN SERVICE	0	339,409	0	0	339,409 8.00
9.00	HOUSEKEEPING	0	211,845	0	0	211,845 9.00
10.00	DIETARY	0	357,157	0	0	357,157 10.00
11.00	CAFETERIA	0	260,328	0	0	260,328 11.00
13.00	NURSING ADMINISTRATION	0	53,794	0	0	53,794 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	231,437	0	0	231,437 14.00
15.00	PHARMACY	0	201,197	0	0	201,197 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	96,498	39,084	0	135,582 16.00
17.00	SOCIAL SERVICE	0	24,902	0	0	24,902 17.00
17.01	INSERVICE EDUCATION	0	294,861	0	0	294,861 17.01
23.00	PARAMEDICAL PRGM	0	47,052	0	0	47,052 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	2,909,950	0	0	2,909,950 30.00
31.00	INTENSIVE CARE UNIT	0	679,121	0	0	679,121 31.00
40.00	SUBPROVIDER - IPF	0	614,706	0	0	614,706 40.00
41.00	SUBPROVIDER - IRF	0	492,481	0	0	492,481 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	73,770	0	0	73,770 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,304,064	18,112	0	1,322,176 50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	232,868	0	0	232,868 52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,529,007	0	0	1,529,007 54.00
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	373,667	0	0	373,667 59.00
60.00	LABORATORY	0	365,219	0	0	365,219 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	21,985	0	0	21,985 63.00
65.00	RESPIRATORY THERAPY	0	34,120	0	0	34,120 65.00
66.00	PHYSICAL THERAPY	0	187,934	270,926	0	458,860 66.00
69.00	ELECTROCARDIOLOGY	0	488,271	0	0	488,271 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	20,238	0	20,238 70.00
70.01	CARDIAC REHAB	0	130,838	0	0	130,838 70.01
70.02	EMG & ENG	0	14,721	0	0	14,721 70.02
70.03	O/P CHEMICAL DEPENDENCY	0	11,144	10,113	0	21,257 70.03
70.06	O/P PSYCHIATRIC	0	123,712	0	0	123,712 70.06
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	40,999	0	0	40,999 74.00
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
91.00	EMERGENCY	0	615,202	0	0	615,202 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	PATIENT CARE CENTER - OCC	0	269,409	0	0	269,409 93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	36,871	6,310	0	43,181 96.00
99.10	CORF	0	0	0	0	0 99.10
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
116.00	HOSPICE	0	12,245	0	0	12,245 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,420,458	449,416	0	19,869,874 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150048

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		0	1.00	1.01		
192.00 PHYSICIANS' PRIVATE OFFICES	0	270,812	130,225	0	401,037	192.00
194.00 RENTAL SPACE	0	0	33,138	0	33,138	194.00
194.01 FOUNDATION	0	10,731	0	0	10,731	194.01
194.02 RETAIL SERVICES	0	64,387	0	0	64,387	194.02
194.03 REID CONTRACTED SERVICES	0	10,429	0	0	10,429	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	14,638	0	0	14,638	194.05
194.06 VACANT SPACE	0	44,576	58,002	0	102,578	194.06
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	19,836,031	670,781	0	20,506,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	85,465					4.00
5.01	NONPATIENT TELEPHONES	291	96,322				5.01
5.02	DATA PROCESSING	3,959	9,952	403,695			5.02
5.03	PURCHASING, RECEIVING AND STORES	1,034	1,311	5,301	438,271		5.03
5.04	ADMINISTRATIVE	594	3,604	8,747	155	28,309	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	1,012	5,611	15,109	283	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	5,039	4,669	34,459	596	0	5.06
7.00	OPERATION OF PLANT	2,018	2,171	11,133	2,266	0	7.00
8.00	LAUNDRY & LINEN SERVICE	371	246	530	3,899	0	8.00
9.00	HOUSEKEEPING	1,890	287	795	2,134	0	9.00
10.00	DIETARY	1,643	3,604	9,012	1,853	0	10.00
11.00	CAFETERIA	1,388	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	904	737	3,446	58	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	692	410	3,181	22,504	0	14.00
15.00	PHARMACY	3,426	1,761	9,807	9,322	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,185	2,744	18,820	295	0	16.00
17.00	SOCIAL SERVICE	990	1,351	6,362	196	0	17.00
17.01	INSERVICE EDUCATION	670	1,679	40,290	125	0	17.01
23.00	PARAMED ED PRGM	242	123	2,651	56	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,922	10,686	56,989	9,002	1,705	30.00
31.00	INTENSIVE CARE UNIT	5,414	2,211	9,542	7,896	511	31.00
40.00	SUBPROVIDER - IPF	2,758	942	3,446	1,405	407	40.00
41.00	SUBPROVIDER - IRF	1,494	1,351	6,362	811	153	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	524	0	0	486	112	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,123	6,839	21,735	131,301	5,307	50.00
52.00	DELIVERY ROOM & LABOR ROOM	960	1,843	8,217	1,421	320	52.00
54.00	RADIOLOGY-DIAGNOSTIC	7,269	6,020	35,784	19,685	4,859	54.00
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	1,475	1,229	5,831	127,325	2,298	59.00
60.00	LABORATORY	3,980	2,580	14,579	40,954	3,378	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	64	0	0	24,424	184	63.00
65.00	RESPIRATORY THERAPY	1,879	369	3,181	3,006	513	65.00
66.00	PHYSICAL THERAPY	4,659	3,604	25,976	693	530	66.00
69.00	ELECTROCARDIOLOGY	1,249	369	9,807	1,797	1,314	69.00
70.00	ELECTROENCEPHALOGRAPHY	242	82	530	103	121	70.00
70.01	CARDIAC REHAB	233	532	530	181	52	70.01
70.02	EMG & ENG	133	0	0	107	70	70.02
70.03	O/P CHEMICAL DEPENDENCY	44	369	0	0	13	70.03
70.06	O/P PSYCHIATRIC	122	983	0	0	27	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,164	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,092	73.00
74.00	RENAL DIALYSIS	0	205	530	291	31	74.00
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
91.00	EMERGENCY	5,460	4,873	15,904	5,585	1,639	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	1,441	2,293	10,338	604	132	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	776	1,024	2,651	12,747	242	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	1,009	491	265	3,693	125	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,578	89,155	401,840	437,259	28,309	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,101	2,539	265	102	0	192.00
194.00	RENTAL SPACE	0	4,341	0	734	0	194.00
194.01	FOUNDATION	195	287	1,590	49	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE		
	4.00	5.01	5.02	5.03	5.04		
194.02 RETAIL SERVICES	93	0	0	127	0	194.02	
194.03 REID CONTRACTED SERVICES	498	0	0	0	0	194.03	
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04	
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05	
194.06 VACANT SPACE	0	0	0	0	0	194.06	
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)	85,465	96,322	403,695	438,271	28,309	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
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	92,271					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	811,106				5.06
7.00	OPERATION OF PLANT	0	37,610	5,025,792			7.00
8.00	LAUNDRY & LINEN SERVICE	0	4,345	130,480	479,280		8.00
9.00	HOUSEKEEPING	0	10,698	77,780	0	305,429	9.00
10.00	DIETARY	0	10,889	121,086	0	7,380	10.00
11.00	CAFETERIA	0	3,703	100,079	0	0	11.00
13.00	NURSING ADMINISTRATION	0	5,056	20,680	0	13,181	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	12,448	88,972	0	3,379	14.00
15.00	PHARMACY	0	72,701	74,469	0	3,134	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	23,596	69,254	0	0	16.00
17.00	SOCIAL SERVICE	0	10,631	9,573	0	0	17.00
17.01	INSERVICE EDUCATION	0	10,785	98,471	0	1,223	17.01
23.00	PARAMED ED PRGM	0	1,647	1,343	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,610	82,620	1,106,935	136,517	97,045	30.00
31.00	INTENSIVE CARE UNIT	1,680	32,795	261,076	38,791	23,672	31.00
40.00	SUBPROVIDER - I/P	1,341	16,205	236,313	32,262	13,359	40.00
41.00	SUBPROVIDER - I/R	504	11,810	189,325	13,006	9,691	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	369	2,890	28,360	24,901	1,400	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,573	100,314	321,857	86,472	27,207	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,053	7,433	89,522	0	8,624	52.00
54.00	RADIOLOGY-DIAGNOSTIC	15,991	80,475	455,404	46,902	10,403	54.00
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	7,562	29,247	48,595	19,716	7,468	59.00
60.00	LABORATORY	11,116	41,438	136,488	66	8,913	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	605	6,871	8,452	0	467	63.00
65.00	RESPIRATORY THERAPY	1,688	10,878	9,774	0	2,289	65.00
66.00	PHYSICAL THERAPY	1,745	28,892	552,310	2,400	19,427	66.00
69.00	ELECTROCARDIOLOGY	4,325	13,620	7,130	0	4,468	69.00
70.00	ELECTROENCEPHALOGRAPHY	397	1,492	35,859	1,603	1,089	70.00
70.01	CARDIAC REHAB	173	1,767	0	0	0	70.01
70.02	EMG & ENG	229	827	0	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	41	296	21,251	0	1,689	70.03
70.06	O/P PSYCHIATRIC	90	1,089	47,559	0	1,378	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	34	10	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,831	48,512	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,176	2,988	0	0	0	73.00
74.00	RENAL DIALYSIS	102	3,390	15,761	0	4,268	74.00
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
91.00	EMERGENCY	5,393	34,623	236,503	71,012	28,318	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	435	9,919	0	5,053	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	796	6,628	15,899	0	0	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	412	6,938	0	514	2,134	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	92,271	788,076	4,616,560	479,215	301,606	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	11,914	230,749	65	2,067	192.00
194.00	RENTAL SPACE	0	5,803	58,719	0	911	194.00
194.01	FOUNDATION	0	1,763	4,125	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description	CASHIERING/ACC OUNTS	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	5.05	5.06	7.00	8.00	9.00		
194.02 RETAIL SERVICES	0	707	7,235	0	0	0	194.02
194.03 REID CONTRACTED SERVICES	0	2,411	0	0	845	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	54	5,628	0	0	0	194.05
194.06 VACANT SPACE	0	378	102,776	0	0	0	194.06
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	92,271	811,106	5,025,792	479,280	305,429	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
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	512,624					10.00
11.00	CAFETERIA	0	365,498				11.00
13.00	NURSING ADMINISTRATION	0	2,430	100,286			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,644	0	369,667		14.00
15.00	PHARMACY	0	15,289	0	0	391,106	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	24,798	0	0	0	16.00
17.00	SOCIAL SERVICE	0	8,490	0	0	0	17.00
17.01	INSERVICE EDUCATION	0	3,188	0	0	0	17.01
23.00	PARAMED ED PRGM	0	923	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	315,795	66,594	29,916	87	585	30.00
31.00	INTENSIVE CARE UNIT	70,261	23,203	10,423	1,219	188	31.00
40.00	SUBPROVIDER - I/P	91,945	14,805	6,651	4	76	40.00
41.00	SUBPROVIDER - I/R	34,623	7,184	3,227	2	41	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	2,132	958	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	22,808	10,246	161,199	3,772	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,998	1,796	79	61	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	34,084	15,311	128	10,859	54.00
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	6,772	3,042	158,444	61	59.00
60.00	LABORATORY	0	23,622	0	0	3	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	350	0	33,629	0	63.00
65.00	RESPIRATORY THERAPY	0	8,956	4,023	4	705	65.00
66.00	PHYSICAL THERAPY	0	22,018	0	148	1	66.00
69.00	ELECTROCARDIOLOGY	0	6,137	0	581	8,481	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,201	0	0	0	70.00
70.01	CARDIAC REHAB	0	1,263	567	0	0	70.01
70.02	EMG & ENG	0	721	0	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	188	0	0	0	70.03
70.06	O/P PSYCHIATRIC	0	791	355	1	0	70.06
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	360,227	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
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
91.00	EMERGENCY	0	30,657	13,771	34	1,552	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	0	8,761	0	0	103	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	5,850	0	14,107	0	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	0	4,674	0	1	4,391	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	512,624	358,531	100,286	369,667	391,106	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	998	0	0	0	192.00
194.00	RENTAL SPACE	0	0	0	0	0	194.00
194.01	FOUNDATION	0	1,283	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY			
	10.00	11.00	13.00	14.00	15.00			
194.02 RETAIL SERVICES	0	758	0	0	0	0	194.02	
194.03 REID CONTRACTED SERVICES	0	3,928	0	0	0	0	194.03	
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	0	194.04	
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.05	
194.06 VACANT SPACE	0	0	0	0	0	0	194.06	
200.00 Cross Foot Adjustments							200.00	
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	512,624	365,498	100,286	369,667	391,106	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center	Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
		16.00	17.00	17.01	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
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	277,274					16.00
17.00	SOCIAL SERVICE	0	62,495				17.00
17.01	INSERVICE EDUCATION	0	0	451,292			17.01
23.00	PARAMED ED PRGM	0	0	0	54,037		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,831	33,855	120,786		5,014,430	30.00
31.00	INTENSIVE CARE UNIT	5,040	8,040	41,188		1,222,271	31.00
40.00	SUBPROVIDER - I/PF	4,023	0	15,494		1,056,142	40.00
41.00	SUBPROVIDER - I/RF	1,512	0	11,576		785,153	41.00
42.00	SUBPROVIDER	0	0	0		0	42.00
43.00	NURSERY	1,108	0	3,530		140,540	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	50,181	0	51,763		2,340,873	50.00
52.00	DELIVERY ROOM & LABOR ROOM	3,158	331	5,239		366,923	52.00
54.00	RADIOLOGY-DIAGNOSTIC	47,974	0	38,645		2,358,800	54.00
57.00	CT SCAN	0	0	0		0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		0	58.00
59.00	CARDIAC CATHETERIZATION	22,687	0	7,837		823,256	59.00
60.00	LABORATORY	33,347	0	27,250		712,933	60.00
60.01	BLOOD LABORATORY	0	0	0		0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,814	0	0		98,845	63.00
65.00	RESPIRATORY THERAPY	5,063	0	15,230		101,678	65.00
66.00	PHYSICAL THERAPY	5,235	0	29,140		1,155,638	66.00
69.00	ELECTROCARDIOLOGY	12,976	0	7,851		568,376	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,192	0	1,195		65,344	70.00
70.01	CARDIAC REHAB	518	0	1,751		138,405	70.01
70.02	EMG & ENG	687	0	639		18,134	70.02
70.03	O/P CHEMICAL DEPENDENCY	124	0	0		45,272	70.03
70.06	O/P PSYCHIATRIC	271	0	570		176,948	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	101	0	0		155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	11,492	0	0		64,999	72.00
73.00	DRUGS CHARGED TO PATIENTS	30,527	0	0		407,010	73.00
74.00	RENAL DIALYSIS	306	0	2,904		68,787	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	89.00
91.00	EMERGENCY	16,179	20,269	44,037		1,151,011	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	1,305	0	10,561		320,354	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	2,388	0	4,461		110,750	96.00
99.10	CORF	0	0	0		0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	ISLET ACQUISITION	0	0	0		0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	1,235	0	5,017		43,144	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	277,274	62,495	446,664	0	19,356,171	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0		650,837	192.00
194.00	RENTAL SPACE	0	0	0		103,646	194.00
194.01	FOUNDATION	0	0	1,126		21,149	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150048

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

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Part II
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
	16.00	17.00	17.01	23.00	24.00	
194.02 RETAIL SERVICES	0	0	431		73,738	194.02
194.03 REID CONTRACTED SERVICES	0	0	2,237		20,348	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0		0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	834		21,154	194.05
194.06 VACANT SPACE	0	0	0		205,732	194.06
200.00 Cross Foot Adjustments				54,037	54,037	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	277,274	62,495	451,292	54,037	20,506,812	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/23/2012 1:22 pm
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
1.01	NEW CAP BLDG & FIXT - OFFSITE			1.01
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			17.00
17.01	INSERVICE EDUCATION			17.01
23.00	PARAMED ED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	5,014,430	30.00
31.00	INTENSIVE CARE UNIT	0	1,222,271	31.00
40.00	SUBPROVIDER - IPF	0	1,056,142	40.00
41.00	SUBPROVIDER - IRF	0	785,153	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	140,540	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,340,873	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	366,923	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,358,800	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	823,256	59.00
60.00	LABORATORY	0	712,933	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	98,845	63.00
65.00	RESPIRATORY THERAPY	0	101,678	65.00
66.00	PHYSICAL THERAPY	0	1,155,638	66.00
69.00	ELECTROCARDIOLOGY	0	568,376	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	65,344	70.00
70.01	CARDIAC REHAB	0	138,405	70.01
70.02	EMG & ENG	0	18,134	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	45,272	70.03
70.06	O/P PSYCHIATRIC	0	176,948	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	155	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	64,999	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	407,010	73.00
74.00	RENAL DIALYSIS	0	68,787	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	1,151,011	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	320,354	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0	110,750	96.00
99.10	CORF	0	0	99.10
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
116.00	HOSPICE	0	43,144	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,356,171	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	650,837	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150048

Period:
From 01/01/2011
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.00	RENTAL SPACE	0	103,646	194.00
194.01	FOUNDATION	0	21,149	194.01
194.02	RETAIL SERVICES	0	73,738	194.02
194.03	REID CONTRACTED SERVICES	0	20,348	194.03
194.04	REID PHYSICIAN ASSOC.	0	0	194.04
194.05	OTHER NON REIMBURSABLE COST CENTERS	0	21,154	194.05
194.06	VACANT SPACE	0	205,732	194.06
200.00	Cross Foot Adjustments	0	54,037	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	20,506,812	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	720,892				1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	112,363			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP			720,892		2.00
4.00	EMPLOYEE BENEFITS	3,106	0	3,106	69,561,327	4.00
5.01	NONPATIENT TELEPHONES	3,490	0	3,490	236,845	5.01
5.02	DATA PROCESSING	13,849	1,460	13,849	3,221,436	5.02
5.03	PURCHASING, RECEIVING AND STORES	15,650	0	15,650	841,448	5.03
5.04	ADMINISTRATIVE	144	1,884	144	483,620	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	815	8,012	815	823,783	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	27,653	912	27,653	4,099,989	5.06
7.00	OPERATION OF PLANT	180,230	1,909	180,230	1,641,932	7.00
8.00	LAUNDRY & LINEN SERVICE	12,335	0	12,335	301,947	8.00
9.00	HOUSEKEEPING	7,699	0	7,699	1,537,744	9.00
10.00	DIETARY	12,980	0	12,980	1,336,599	10.00
11.00	CAFETERIA	9,461	0	9,461	1,129,754	11.00
13.00	NURSING ADMINISTRATION	1,955	0	1,955	735,380	13.00
14.00	CENTRAL SERVICES & SUPPLY	8,411	0	8,411	563,347	14.00
15.00	PHARMACY	7,312	0	7,312	2,787,491	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,507	6,547	3,507	1,777,973	16.00
17.00	SOCIAL SERVICE	905	0	905	805,477	17.00
17.01	INSERVICE EDUCATION	10,716	0	10,716	545,420	17.01
23.00	PARAMEDICAL PRGM	1,710	0	1,710	197,129	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	105,755	0	105,755	10,534,479	30.00
31.00	INTENSIVE CARE UNIT	24,681	0	24,681	4,405,363	31.00
40.00	SUBPROVIDER - IPF	22,340	0	22,340	2,244,025	40.00
41.00	SUBPROVIDER - IRF	17,898	0	17,898	1,215,219	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	2,681	0	2,681	426,680	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	47,393	3,034	47,393	913,585	50.00
52.00	DELIVERY ROOM & LABOR ROOM	8,463	0	8,463	780,834	52.00
54.00	RADIOLOGY-DIAGNOSTIC	55,568	0	55,568	5,914,637	54.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	13,580	0	13,580	1,200,014	59.00
60.00	LABORATORY	13,273	0	13,273	3,238,755	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	799	0	799	52,405	63.00
65.00	RESPIRATORY THERAPY	1,240	0	1,240	1,529,222	65.00
66.00	PHYSICAL THERAPY	6,830	45,383	6,830	3,790,875	66.00
69.00	ELECTROCARDIOLOGY	17,745	0	17,745	1,016,370	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,390	0	196,928	70.00
70.01	CARDIAC REHAB	4,755	0	4,755	189,907	70.01
70.02	EMG & ENG	535	0	535	108,036	70.02
70.03	O/P CHEMICAL DEPENDENCY	405	1,694	405	35,419	70.03
70.06	O/P PSYCHIATRIC	4,496	0	4,496	99,216	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,490	0	1,490	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	EMERGENCY	22,358	0	22,358	4,442,268	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	PATIENT CARE CENTER - OCC	9,791	0	9,791	1,172,366	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	1,340	1,057	1,340	631,139	96.00
99.10	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	445	0	445	820,931	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	705,789	75,282	705,789	68,025,987	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
192.00 PHYSICIANS' PRIVATE OFFICES	9,842	21,814	9,842	895,864	62	192.00
194.00 RENTAL SPACE	0	5,551	0	0	106	194.00
194.01 FOUNDATION	390	0	390	158,509	7	194.01
194.02 RETAIL SERVICES	2,340	0	2,340	75,787	0	194.02
194.03 REID CONTRACTED SERVICES	379	0	379	405,180	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	532	0	532	0	0	194.05
194.06 VACANT SPACE	1,620	9,716	1,620	0	0	194.06
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)	19,836,031	670,781	0	29,223,446	454,811	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	27.515954	5.969768	0.000000	0.420111	193.372024	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				85,465	96,322	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001229	40.953231	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		DATA PROCESSING (TERMINALS)	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE						1.01
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	1,523					5.02
5.03	PURCHASING, RECEIVING AND STORES	20	28,379,550				5.03
5.04	ADMINITTING	33	10,028	510,316,175			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	57	18,294	0	510,316,175		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	130	38,575	0	0	-14,227,120	5.06
7.00	OPERATION OF PLANT	42	146,764	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	2	252,477	0	0	0	8.00
9.00	HOUSEKEEPING	3	138,180	0	0	0	9.00
10.00	DIETARY	34	119,966	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	13	3,784	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	1,457,249	0	0	0	14.00
15.00	PHARMACY	37	603,642	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	71	19,101	0	0	0	16.00
17.00	SOCIAL SERVICE	24	12,677	0	0	0	17.00
17.01	INSERVICE EDUCATION	152	8,092	0	0	0	17.01
23.00	PARAMED ED PRGM	10	3,638	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	215	582,889	30,996,977	30,996,977	0	30.00
31.00	INTENSIVE CARE UNIT	36	511,329	9,281,985	9,281,985	0	31.00
40.00	SUBPROVIDER - IPF	13	91,003	7,408,028	7,408,028	0	40.00
41.00	SUBPROVIDER - IRF	24	52,535	2,784,672	2,784,672	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	31,445	2,040,194	2,040,194	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	82	8,501,727	92,097,219	92,097,219	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	31	92,025	5,816,510	5,816,510	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	135	1,274,684	88,350,011	88,350,011	0	54.00
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	22	8,244,840	41,781,214	41,781,214	0	59.00
60.00	LABORATORY	55	2,651,915	61,412,377	61,412,377	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,581,573	3,340,216	3,340,216	0	63.00
65.00	RESPIRATORY THERAPY	12	194,676	9,323,466	9,323,466	0	65.00
66.00	PHYSICAL THERAPY	98	44,872	9,641,245	9,641,245	0	66.00
69.00	ELECTROCARDIOLOGY	37	116,381	23,897,165	23,897,165	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2	6,700	2,196,072	2,196,072	0	70.00
70.01	CARDIAC REHAB	2	11,707	953,146	953,146	0	70.01
70.02	EMG & ENG	0	6,955	1,264,898	1,264,898	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	0	227,441	227,441	0	70.03
70.06	O/P PSYCHIATRIC	0	0	498,978	498,978	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	186,902	186,902	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	21,163,176	21,163,176	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	56,218,496	56,218,496	0	73.00
74.00	RENAL DIALYSIS	2	18,821	563,892	563,892	0	74.00
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
91.00	EMERGENCY	60	361,651	29,795,602	29,795,602	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	PATIENT CARE CENTER - OCC	39	39,132	2,403,031	2,403,031	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	10	825,438	4,398,624	4,398,624	0	96.00
99.10	CORF	0	0	0	0	0	99.10
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
116.00	HOSPICE	1	239,148	2,274,638	2,274,638	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,516	28,313,913	510,316,175	510,316,175	-14,227,120	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1	6,636	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
	5.02	5.03	5.04	5.05	5A.06	
194.00 RENTAL SPACE	0	47,552	0	0	0	194.00
194.01 FOUNDATION	6	3,189	0	0	0	194.01
194.02 RETAIL SERVICES	0	8,256	0	0	0	194.02
194.03 REID CONTRACTED SERVICES	0	4	0	0	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 VACANT SPACE	0	0	0	0	0	194.06
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)	18,736,602	1,946,383	2,242,957	5,116,208		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12,302.430729	0.068584	0.004395	0.010026		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	403,695	438,271	28,309	92,271		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	265.065660	0.015443	0.000055	0.000181		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE						1.01
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	220,117,520					5.06
7.00 OPERATION OF PLANT	10,206,312	475,117				7.00
8.00 LAUNDRY & LINEN SERVICE	1,179,200	12,335	567,477			8.00
9.00 HOUSEKEEPING	2,903,142	7,353	0	13,741		9.00
10.00 DIETARY	2,955,043	11,447	0	332	52,057	10.00
11.00 CAFETERIA	1,004,843	9,461	0	0	0	11.00
13.00 NURSING ADMINISTRATION	1,372,071	1,955	0	593	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,377,897	8,411	0	152	0	14.00
15.00 PHARMACY	19,728,954	7,040	0	141	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,403,362	6,547	0	0	0	16.00
17.00 SOCIAL SERVICE	2,885,045	905	0	0	0	17.00
17.01 INSERVICE EDUCATION	2,926,678	9,309	0	55	0	17.01
23.00 PARAMED ED PRGM	446,987	127	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	22,420,579	104,645	161,638	4,366	32,069	30.00
31.00 INTENSIVE CARE UNIT	8,899,513	24,681	45,929	1,065	7,135	31.00
40.00 SUBPROVIDER - IPF	4,397,439	22,340	38,199	601	9,337	40.00
41.00 SUBPROVIDER - IRF	3,204,865	17,898	15,399	436	3,516	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	784,182	2,681	29,483	63	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	27,229,542	30,427	102,385	1,224	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	2,017,146	8,463	0	388	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	21,838,445	43,052	55,533	468	0	54.00
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	7,936,866	4,594	23,344	336	0	59.00
60.00 LABORATORY	11,245,102	12,903	78	401	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,864,699	799	0	21	0	63.00
65.00 RESPIRATORY THERAPY	2,952,014	924	0	103	0	65.00
66.00 PHYSICAL THERAPY	7,840,559	52,213	2,842	874	0	66.00
69.00 ELECTROCARDIOLOGY	3,696,071	674	0	201	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	404,774	3,390	1,898	49	0	70.00
70.01 CARDIAC REHAB	479,512	0	0	0	0	70.01
70.02 EMG & ENG	224,513	0	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	80,208	2,009	0	76	0	70.03
70.06 O/P PSYCHIATRIC	295,656	4,496	0	62	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,695	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,164,769	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	810,727	0	0	0	0	73.00
74.00 RENAL DIALYSIS	919,995	1,490	0	192	0	74.00
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
91.00 EMERGENCY	9,395,640	22,358	84,080	1,274	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PATIENT CARE CENTER - OCC	2,691,674	0	5,983	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	1,798,660	1,503	0	0	0	96.00
99.10 CORF	0	0	0	0	0	99.10
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
116.00 HOSPICE	1,882,791	0	609	96	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	213,868,170	436,430	567,400	13,569	52,057	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,233,007	21,814	77	93	0	192.00
194.00 RENTAL SPACE	1,574,796	5,551	0	41	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.06	7.00	8.00	9.00	10.00	
194.01 FOUNDATION	478,310	390	0	0	0	194.01
194.02 RETAIL SERVICES	191,754	684	0	0	0	194.02
194.03 REID CONTRACTED SERVICES	654,267	0	0	38	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	14,638	532	0	0	0	194.05
194.06 VACANT SPACE	102,578	9,716	0	0	0	194.06
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)	14,227,120	10,865,987	1,537,519	3,258,948	3,486,573	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.064634	22.870129	2.709394	237.169638	66.976065	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	811,106	5,025,792	479,280	305,429	512,624	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.003685	10.578009	0.844580	22.227567	9.847360	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE						1.01
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	2,219,675					11.00
13.00 NURSING ADMINISTRATION	14,755	1,355,781				13.00
14.00 CENTRAL SERVICES & SUPPLY	40,348	0	16,775,246			14.00
15.00 PHARMACY	92,849	0	0	15,224,563		15.00
16.00 MEDICAL RECORDS & LIBRARY	150,598	0	0	0	510,316,175	16.00
17.00 SOCIAL SERVICE	51,560	0	0	0	0	17.00
17.01 INSERVICE EDUCATION	19,362	0	0	0	0	17.01
23.00 PARAMED ED PRGM	5,605	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	404,437	404,437	3,934	22,784	30,996,977	30.00
31.00 INTENSIVE CARE UNIT	140,915	140,915	55,298	7,303	9,281,985	31.00
40.00 SUBPROVIDER - IPF	89,912	89,912	185	2,966	7,408,028	40.00
41.00 SUBPROVIDER - IRF	43,626	43,626	110	1,614	2,784,672	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	12,947	12,947	0	0	2,040,194	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	138,511	138,511	7,314,962	146,816	92,097,219	50.00
52.00 DELIVERY ROOM & LABOR ROOM	24,279	24,279	3,581	2,378	5,816,510	52.00
54.00 RADIOLOGY-DIAGNOSTIC	206,991	206,991	5,789	422,692	88,350,011	54.00
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	41,125	41,125	7,190,252	2,389	41,781,214	59.00
60.00 LABORATORY	143,458	0	0	116	61,412,377	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	2,124	0	1,526,083	0	3,340,216	63.00
65.00 RESPIRATORY THERAPY	54,388	54,388	204	27,430	9,323,466	65.00
66.00 PHYSICAL THERAPY	133,714	0	6,695	49	9,641,245	66.00
69.00 ELECTROCARDIOLOGY	37,268	0	26,345	330,152	23,897,165	69.00
70.00 ELECTROENCEPHALOGRAPHY	7,296	0	0	0	2,196,072	70.00
70.01 CARDIAC REHAB	7,670	7,670	0	0	953,146	70.01
70.02 EMG & ENG	4,379	0	0	0	1,264,898	70.02
70.03 O/P CHEMICAL DEPENDENCY	1,143	0	0	0	227,441	70.03
70.06 O/P PSYCHIATRIC	4,801	4,801	31	0	498,978	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	186,902	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	21,163,176	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	14,022,489	56,218,496	73.00
74.00 RENAL DIALYSIS	0	0	0	0	563,892	74.00
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
91.00 EMERGENCY	186,179	186,179	1,554	60,431	29,795,602	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PATIENT CARE CENTER - OCC	53,207	0	0	4,028	2,403,031	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	35,530	0	640,193	0	4,398,624	96.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESINAL 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
116.00 HOSPICE	28,385	0	30	170,926	2,274,638	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,177,362	1,355,781	16,775,246	15,224,563	510,316,175	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,063	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
194.00 RENTAL SPACE	0	0	0	0	0	194.00
194.01 FOUNDATION	7,793	0	0	0	0	194.01
194.02 RETAIL SERVICES	4,601	0	0	0	0	194.02
194.03 REID CONTRACTED SERVICES	23,856	0	0	0	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 VACANT SPACE	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,286,164	1,654,656	3,848,014	21,252,362	7,054,230	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.579438	1.220445	0.229386	1.395926	0.013823	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	365,498	100,286	369,667	391,106	277,274	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.164663	0.073969	0.022036	0.025689	0.000543	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED PRGM	
	(TIME SPENT)	(IN HOUSE ED)	(TIME SPENT)	
	17.00	17.01	23.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 NEW CAP BLDG & FIXT - OFFSITE				1.01
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	6,040			17.00
17.01 INSERVICE EDUCATION	0	32,476		17.01
23.00 PARAMED PRGM	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	3,272	8,692	0	30.00
31.00 INTENSIVE CARE UNIT	777	2,964	0	31.00
40.00 SUBPROVIDER - IPF	0	1,115	0	40.00
41.00 SUBPROVIDER - IRF	0	833	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	0	254	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	3,725	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	32	377	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,781	100	54.00
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	564	0	59.00
60.00 LABORATORY	0	1,961	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	1,096	0	65.00
66.00 PHYSICAL THERAPY	0	2,097	0	66.00
69.00 ELECTROCARDIOLOGY	0	565	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	86	0	70.00
70.01 CARDIAC REHAB	0	126	0	70.01
70.02 EMG & ENG	0	46	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	41	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	209	0	74.00
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
91.00 EMERGENCY	1,959	3,169	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00 PATIENT CARE CENTER - OCC	0	760	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	321	0	96.00
99.10 CORF	0	0	0	99.10
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
116.00 HOSPICE	0	361	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,040	32,143	100	118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00 RENTAL SPACE	0	0	0	194.00
194.01 FOUNDATION	0	81	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	
	(TIME SPENT)	(IN HOUSE ED)	(TIME SPENT)	
	17.00	17.01	23.00	
194.02 RETAIL SERVICES	0	31	0	194.02
194.03 REID CONTRACTED SERVICES	0	161	0	194.03
194.04 REID PHYSICIAN ASSOC.	0	0	0	194.04
194.05 OTHER NON REIMBURSABLE COST CENTERS	0	60	0	194.05
194.06 VACANT SPACE	0	0	0	194.06
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)	3,122,090	3,353,002	482,031	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	516.902318	103.245535	4,820.310000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	62,495	451,292	54,037	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	10.346854	13.896169	540.370000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 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		33,662,067	0	33,662,067	30.00
31.00	INTENSIVE CARE UNIT		12,006,550	0	12,006,550	31.00
40.00	SUBPROVIDER - 1PF		6,447,506	0	6,447,506	40.00
41.00	SUBPROVIDER - 1RF		4,407,251	0	4,407,251	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		1,068,734	0	1,068,734	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		34,043,092	0	34,043,092	50.00
52.00	DELIVERY ROOM & LABOR ROOM		2,616,801	0	2,616,801	52.00
54.00	RADIOLOGY-DIAGNOSTIC		27,450,365	0	27,450,365	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		11,060,329	0	11,060,329	59.00
60.00	LABORATORY		13,496,981	0	13,496,981	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		2,405,941	0	2,405,941	63.00
65.00	RESPIRATORY THERAPY	0	3,566,638	0	3,566,638	65.00
66.00	PHYSICAL THERAPY	0	10,185,290	0	10,185,290	66.00
69.00	ELECTROCARDIOLOGY		4,875,218	0	4,875,218	69.00
70.00	ELECTROENCEPHALOGRAPHY		568,692	0	568,692	70.00
70.01	CARDIAC REHAB		550,494	0	550,494	70.01
70.02	EMG & ENG		263,795	0	263,795	70.02
70.03	O/P CHEMICAL DEPENDENCY		153,169	0	153,169	70.03
70.06	O/P PSYCHIATRIC		452,072	0	452,072	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,453	0	5,453	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		14,308,200	0	14,308,200	72.00
73.00	DRUGS CHARGED TO PATIENTS		21,214,592	0	21,214,592	73.00
74.00	RENAL DIALYSIS		1,088,444	0	1,088,444	74.00
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
91.00	EMERGENCY		13,215,683	116,729	13,332,412	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,900,507	0	2,900,507	92.00
93.00	PATIENT CARE CENTER - OCC		3,029,995	0	3,029,995	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED		2,210,671	0	2,210,671	96.00
99.10	CORF		0	0	0	99.10
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
116.00	HOSPICE		2,352,669		2,352,669	116.00
200.00	Subtotal (see instructions)	0	229,607,199	116,729	229,723,928	200.00
201.00	Less Observation Beds		2,900,507		2,900,507	201.00
202.00	Total (see instructions)	0	226,706,692	116,729	226,823,421	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,542,104		27,542,104		30.00
31.00	INTENSIVE CARE UNIT	9,281,985		9,281,985		31.00
40.00	SUBPROVIDER - IPF	7,408,028		7,408,028		40.00
41.00	SUBPROVIDER - IRF	2,784,672		2,784,672		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	2,040,194		2,040,194		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	37,635,429	54,461,790	92,097,219	0.369643	50.00
52.00	DELIVERY ROOM & LABOR ROOM	5,194,396	622,114	5,816,510	0.449892	52.00
54.00	RADIOLOGY-DIAGNOSTIC	20,990,175	67,359,836	88,350,011	0.310700	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	11,338,358	30,442,856	41,781,214	0.264720	59.00
60.00	LABORATORY	28,134,292	33,278,085	61,412,377	0.219776	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	2,661,351	678,865	3,340,216	0.720295	63.00
65.00	RESPIRATORY THERAPY	8,291,005	1,032,461	9,323,466	0.382544	65.00
66.00	PHYSICAL THERAPY	3,787,143	5,854,102	9,641,245	1.056429	66.00
69.00	ELECTROCARDIOLOGY	3,975,640	19,921,525	23,897,165	0.204008	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,196,072	2,196,072	0.258959	70.00
70.01	CARDIAC REHAB	241	952,905	953,146	0.577555	70.01
70.02	EMG & ENG	188,738	1,076,160	1,264,898	0.208550	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	227,441	227,441	0.673445	70.03
70.06	O/P PSYCHIATRIC	76,516	422,462	498,978	0.905996	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	180,238	6,664	186,902	0.029176	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	20,416,470	746,706	21,163,176	0.676089	72.00
73.00	DRUGS CHARGED TO PATIENTS	33,623,568	22,594,928	56,218,496	0.377360	73.00
74.00	RENAL DIALYSIS	558,466	5,426	563,892	1.930235	74.00
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
91.00	EMERGENCY	9,733,163	20,062,439	29,795,602	0.443545	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,052,261	2,402,612	3,454,873	0.839541	92.00
93.00	PATIENT CARE CENTER - OCC	0	2,403,031	2,403,031	1.260905	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	4,398,624	4,398,624	0.502582	96.00
99.10	CORF	0	0	0		99.10
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
116.00	HOSPICE	413,100	1,861,538	2,274,638		116.00
200.00	Subtotal (see instructions)	237,307,533	273,008,642	510,316,175		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	237,307,533	273,008,642	510,316,175		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.369643		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.264720		59.00
60.00	LABORATORY	0.219776		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295		63.00
65.00	RESPIRATORY THERAPY	0.382544		65.00
66.00	PHYSICAL THERAPY	1.056429		66.00
69.00	ELECTROCARDIOLOGY	0.204008		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959		70.00
70.01	CARDIAC REHAB	0.577555		70.01
70.02	EMG & ENG	0.208550		70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445		70.03
70.06	O/P PSYCHIATRIC	0.905996		70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360		73.00
74.00	RENAL DIALYSIS	1.930235		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.447462		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541		92.00
93.00	PATIENT CARE CENTER - OCC	1.260905		93.00
	OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582		96.00
99.10	CORF			99.10
	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
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XIX	Hospital		
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		33,662,067	0	0
31.00	INTENSIVE CARE UNIT		12,006,550	0	0
40.00	SUBPROVIDER - 1PF		6,447,506	0	0
41.00	SUBPROVIDER - 1RF		4,407,251	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		1,068,734	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		34,043,092	0	0
52.00	DELIVERY ROOM & LABOR ROOM		2,616,801	0	0
54.00	RADIOLOGY-DIAGNOSTIC		27,450,365	0	0
57.00	CT SCAN		0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	CARDIAC CATHETERIZATION		11,060,329	0	0
60.00	LABORATORY		13,496,981	0	0
60.01	BLOOD LABORATORY		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		2,405,941	0	0
65.00	RESPIRATORY THERAPY	0	3,566,638	0	0
66.00	PHYSICAL THERAPY	0	10,185,290	0	0
69.00	ELECTROCARDIOLOGY		4,875,218	0	0
70.00	ELECTROENCEPHALOGRAPHY		568,692	0	0
70.01	CARDIAC REHAB		550,494	0	0
70.02	EMG & ENG		263,795	0	0
70.03	O/P CHEMICAL DEPENDENCY		153,169	0	0
70.06	O/P PSYCHIATRIC		452,072	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,453	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		14,308,200	0	0
73.00	DRUGS CHARGED TO PATIENTS		21,214,592	0	0
74.00	RENAL DIALYSIS		1,088,444	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC		0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
91.00	EMERGENCY		13,215,683	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,900,507	0	0
93.00	PATIENT CARE CENTER - OCC		3,029,995	0	0
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED		2,210,671	0	0
99.10	CORF		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION		0	0	0
110.00	INTESTINAL ACQUISITION		0	0	0
111.00	ISLET ACQUISITION		0	0	0
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE		2,352,669	0	0
200.00	Subtotal (see instructions)	0	229,607,199	0	0
201.00	Less Observation Beds		2,900,507		0
202.00	Total (see instructions)	0	226,706,692	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 pm
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
Title XIX Hospital						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,542,104		27,542,104		30.00
31.00	INTENSIVE CARE UNIT	9,281,985		9,281,985		31.00
40.00	SUBPROVIDER - IPF	7,408,028		7,408,028		40.00
41.00	SUBPROVIDER - IRF	2,784,672		2,784,672		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	2,040,194		2,040,194		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	37,635,429	54,461,790	92,097,219	0.369643	50.00
52.00	DELIVERY ROOM & LABOR ROOM	5,194,396	622,114	5,816,510	0.449892	52.00
54.00	RADIOLOGY-DIAGNOSTIC	20,990,175	67,359,836	88,350,011	0.310700	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	11,338,358	30,442,856	41,781,214	0.264720	59.00
60.00	LABORATORY	28,134,292	33,278,085	61,412,377	0.219776	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	2,661,351	678,865	3,340,216	0.720295	63.00
65.00	RESPIRATORY THERAPY	8,291,005	1,032,461	9,323,466	0.382544	65.00
66.00	PHYSICAL THERAPY	3,787,143	5,854,102	9,641,245	1.056429	66.00
69.00	ELECTROCARDIOLOGY	3,975,640	19,921,525	23,897,165	0.204008	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,196,072	2,196,072	0.258959	70.00
70.01	CARDIAC REHAB	241	952,905	953,146	0.577555	70.01
70.02	EMG & ENG	188,738	1,076,160	1,264,898	0.208550	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	227,441	227,441	0.673445	70.03
70.06	O/P PSYCHIATRIC	76,516	422,462	498,978	0.905996	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	180,238	6,664	186,902	0.029176	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	20,416,470	746,706	21,163,176	0.676089	72.00
73.00	DRUGS CHARGED TO PATIENTS	33,623,568	22,594,928	56,218,496	0.377360	73.00
74.00	RENAL DIALYSIS	558,466	5,426	563,892	1.930235	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	EMERGENCY	9,733,163	20,062,439	29,795,602	0.443545	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,052,261	2,402,612	3,454,873	0.839541	92.00
93.00	PATIENT CARE CENTER - OCC	0	2,403,031	2,403,031	1.260905	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	4,398,624	4,398,624	0.502582	96.00
99.10	CORF	0	0	0		99.10
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
116.00	HOSPICE	413,100	1,861,538	2,274,638		116.00
200.00	Subtotal (see instructions)	237,307,533	273,008,642	510,316,175		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	237,307,533	273,008,642	510,316,175		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/23/2012 1:22 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	CARDIAC REHAB	0.000000		70.01
70.02	EMG & ENG	0.000000		70.02
70.03	O/P CHEMICAL DEPENDENCY	0.000000		70.03
70.06	O/P PSYCHIATRIC	0.000000		70.06
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
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	PATIENT CARE CENTER - OCC	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
99.10	CORF			99.10
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
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150048

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

Worksheet D
Part I
Date/Time Prepared:
5/23/2012 1:22 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	5,014,430	0	5,014,430	34,364	145.92	30.00
31.00	INTENSIVE CARE UNIT	1,222,271	0	1,222,271	7,101	172.13	31.00
40.00	SUBPROVIDER - IPF	1,056,142	0	1,056,142	9,337	113.11	40.00
41.00	SUBPROVIDER - IRF	785,153	0	785,153	3,516	223.31	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	140,540	0	140,540	1,869	75.20	43.00
200.00	Total (lines 30-199)	8,218,536		8,218,536	56,187		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/23/2012 1:22 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	18,179	2,652,680		30.00
31.00 INTENSIVE CARE UNIT	3,724	641,012		31.00
40.00 SUBPROVIDER - IPF	7,838	886,556		40.00
41.00 SUBPROVIDER - IRF	213	47,565		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	29,954	4,227,813		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,340,873	92,097,219	0.025417	22,306,704	566,969	50.00
52.00 DELIVERY ROOM & LABOR ROOM	366,923	5,816,510	0.063083	28,925	1,825	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,358,800	88,350,011	0.026698	12,149,719	324,373	54.00
57.00 CT SCAN	0	0	0.000000	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00 CARDIAC CATHETERIZATION	823,256	41,781,214	0.019704	9,169,119	180,668	59.00
60.00 LABORATORY	712,933	61,412,377	0.011609	17,808,972	206,744	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	98,845	3,340,216	0.029592	0	0	63.00
65.00 RESPIRATORY THERAPY	101,678	9,323,466	0.010906	5,185,389	56,552	65.00
66.00 PHYSICAL THERAPY	1,155,638	9,641,245	0.119864	1,021,425	122,432	66.00
69.00 ELECTROCARDIOLOGY	568,376	23,897,165	0.023784	2,473,278	58,824	69.00
70.00 ELECTROENCEPHALOGRAPHY	65,344	2,196,072	0.029755	0	0	70.00
70.01 CARDIAC REHAB	138,405	953,146	0.145209	0	0	70.01
70.02 EMG & ENG	18,134	1,264,898	0.014336	106,760	1,531	70.02
70.03 O/P CHEMICAL DEPENDENCY	45,272	227,441	0.199049	0	0	70.03
70.06 O/P PSYCHIATRIC	176,948	498,978	0.354621	18,962	6,724	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	155	186,902	0.000829	104,035	86	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	64,999	21,163,176	0.003071	7,321,100	22,483	72.00
73.00 DRUGS CHARGED TO PATIENTS	407,010	56,218,496	0.007240	18,457,307	133,631	73.00
74.00 RENAL DIALYSIS	68,787	563,892	0.121986	421,783	51,452	74.00
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
91.00 EMERGENCY	1,151,011	29,795,602	0.038630	5,807,734	224,353	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	432,071	3,454,873	0.125061	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	320,354	2,403,031	0.133312	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	110,750	4,398,624	0.025178	0	0	96.00
200.00 Total (lines 50-199)	11,526,562	458,984,554		102,381,212	1,958,647	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 1:22 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
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	34,364	0.00	18,179	0	30.00	
31.00	INTENSIVE CARE UNIT	7,101	0.00	3,724	0	31.00	
40.00	SUBPROVIDER - IPF	9,337	0.00	7,838	0	40.00	
41.00	SUBPROVIDER - IRF	3,516	0.00	213	0	41.00	
42.00	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	NURSERY	1,869	0.00	0	0	43.00	
200.00	Total (lines 30-199)	56,187		29,954	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	482,031	0	482,031	54.00
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	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	CARDIAC REHAB	0	0	0	0	0	70.01
70.02	EMG & ENG	0	0	0	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	O/P PSYCHIATRIC	0	0	0	0	0	70.06
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
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
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (Lines 50-199)	0	0	482,031	0	482,031	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	92,097,219	0.000000	0.000000	22,306,704	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,816,510	0.000000	0.000000	28,925	52.00
54.00	RADIOLOGY-DIAGNOSTIC	482,031	88,350,011	0.005456	0.005456	12,149,719	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	41,781,214	0.000000	0.000000	9,169,119	59.00
60.00	LABORATORY	0	61,412,377	0.000000	0.000000	17,808,972	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	3,340,216	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	9,323,466	0.000000	0.000000	5,185,389	65.00
66.00	PHYSICAL THERAPY	0	9,641,245	0.000000	0.000000	1,021,425	66.00
69.00	ELECTROCARDIOLOGY	0	23,897,165	0.000000	0.000000	2,473,278	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,196,072	0.000000	0.000000	0	70.00
70.01	CARDIAC REHAB	0	953,146	0.000000	0.000000	0	70.01
70.02	EMG & ENG	0	1,264,898	0.000000	0.000000	106,760	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	227,441	0.000000	0.000000	0	70.03
70.06	O/P PSYCHIATRIC	0	498,978	0.000000	0.000000	18,962	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	186,902	0.000000	0.000000	104,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	21,163,176	0.000000	0.000000	7,321,100	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	56,218,496	0.000000	0.000000	18,457,307	73.00
74.00	RENAL DIALYSIS	0	563,892	0.000000	0.000000	421,783	74.00
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
91.00	EMERGENCY	0	29,795,602	0.000000	0.000000	5,807,734	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,454,873	0.000000	0.000000	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	2,403,031	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	4,398,624	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	482,031	458,984,554			102,381,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
					Hospital
					PPS
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	18,334,965	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,274	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	66,289	27,063,390	147,658	54.00
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	13,409,413	0	59.00
60.00	LABORATORY	0	1,429,030	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	357,501	0	63.00
65.00	RESPIRATORY THERAPY	0	433,570	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	9,886,718	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	743,695	0	70.00
70.01	CARDIAC REHAB	0	459,032	0	70.01
70.02	EMG & ENG	0	320,930	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0	0	0	70.03
70.06	O/P PSYCHIATRIC	0	109,814	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,266	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,586,766	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,272,052	0	73.00
74.00	RENAL DIALYSIS	0	52,237	0	74.00
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
91.00	EMERGENCY	0	5,194,748	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,098,545	0	92.00
93.00	PATIENT CARE CENTER - OCC	0	1,015,434	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0	989	0	96.00
200.00	Total (lines 50-199)	66,289	93,781,369	147,658	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 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	0.369643	18,334,965	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	9,274	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	27,063,390	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	13,409,413	0	0	59.00
60.00	LABORATORY	0.219776	1,429,030	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	357,501	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	433,570	0	0	65.00
66.00	PHYSICAL THERAPY	1.056429	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.204008	9,886,718	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	743,695	0	0	70.00
70.01	CARDIAC REHAB	0.577555	459,032	0	0	70.01
70.02	EMG & ENG	0.208550	320,930	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	0	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	109,814	0	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	3,266	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	4,586,766	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	8,272,052	0	0	73.00
74.00	RENAL DIALYSIS	1.930235	52,237	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.443545	5,194,748	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	2,098,545	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	1,015,434	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	989	0	0	96.00
200.00	Subtotal (see instructions)		93,781,369	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		93,781,369	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 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	6,777,391	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,172	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	8,408,595	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	3,549,740	0	0		59.00
60.00 LABORATORY	314,066	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	257,506	0	0		63.00
65.00 RESPIRATORY THERAPY	165,860	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	2,016,970	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	192,587	0	0		70.00
70.01 CARDIAC REHAB	265,116	0	0		70.01
70.02 EMG & ENG	66,930	0	0		70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0		70.03
70.06 O/P PSYCHIATRIC	99,491	0	0		70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	95	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,101,062	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,121,542	0	0		73.00
74.00 RENAL DIALYSIS	100,830	0	0		74.00
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
91.00 EMERGENCY	2,304,105	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,761,815	0	0		92.00
93.00 PATIENT CARE CENTER - OCC	1,280,366	0	0		93.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	497	0	0		96.00
200.00 Subtotal (see instructions)	33,788,736	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	33,788,736	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/23/2012 1:22 pm	
		Component CCN: 15S048		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,340,873	92,097,219	0.025417	28,344	720	50.00
52.00	DELIVERY ROOM & LABOR ROOM	366,923	5,816,510	0.063083	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,358,800	88,350,011	0.026698	485,100	12,951	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	823,256	41,781,214	0.019704	0	0	59.00
60.00	LABORATORY	712,933	61,412,377	0.011609	997,562	11,581	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	98,845	3,340,216	0.029592	0	0	63.00
65.00	RESPIRATORY THERAPY	101,678	9,323,466	0.010906	331,965	3,620	65.00
66.00	PHYSICAL THERAPY	1,155,638	9,641,245	0.119864	178,616	21,410	66.00
69.00	ELECTROCARDIOLOGY	568,376	23,897,165	0.023784	32,685	777	69.00
70.00	ELECTROENCEPHALOGRAPHY	65,344	2,196,072	0.029755	0	0	70.00
70.01	CARDIAC REHAB	138,405	953,146	0.145209	0	0	70.01
70.02	EMG & ENG	18,134	1,264,898	0.014336	13,440	193	70.02
70.03	O/P CHEMICAL DEPENDENCY	45,272	227,441	0.199049	0	0	70.03
70.06	O/P PSYCHIATRIC	176,948	498,978	0.354621	6,951	2,465	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	155	186,902	0.000829	6,202	5	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	64,999	21,163,176	0.003071	213	1	72.00
73.00	DRUGS CHARGED TO PATIENTS	407,010	56,218,496	0.007240	1,404,429	10,168	73.00
74.00	RENAL DIALYSIS	68,787	563,892	0.121986	10,819	1,320	74.00
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
91.00	EMERGENCY	1,151,011	29,795,602	0.038630	176,694	6,826	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	432,071	3,454,873	0.125061	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	320,354	2,403,031	0.133312	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	110,750	4,398,624	0.025178	0	0	96.00
200.00	Total (Lines 50-199)	11,526,562	458,984,554		3,673,020	72,037	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	482,031	0	482,031	54.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 CARDIAC REHAB	0	0	0	0	0	70.01
70.02 EMG & ENG	0	0	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	0	0	0	0	70.06
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
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
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	482,031	0	482,031	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	92,097,219	0.000000	0.000000	28,344	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,816,510	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	482,031	88,350,011	0.005456	0.005456	485,100	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	41,781,214	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	61,412,377	0.000000	0.000000	997,562	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	3,340,216	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	9,323,466	0.000000	0.000000	331,965	65.00
66.00 PHYSICAL THERAPY	0	9,641,245	0.000000	0.000000	178,616	66.00
69.00 ELECTROCARDIOLOGY	0	23,897,165	0.000000	0.000000	32,685	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,196,072	0.000000	0.000000	0	70.00
70.01 CARDIAC REHAB	0	953,146	0.000000	0.000000	0	70.01
70.02 EMG & ENG	0	1,264,898	0.000000	0.000000	13,440	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	227,441	0.000000	0.000000	0	70.03
70.06 O/P PSYCHIATRIC	0	498,978	0.000000	0.000000	6,951	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	186,902	0.000000	0.000000	6,202	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	21,163,176	0.000000	0.000000	213	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	56,218,496	0.000000	0.000000	1,404,429	73.00
74.00 RENAL DIALYSIS	0	563,892	0.000000	0.000000	10,819	74.00
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
91.00 EMERGENCY	0	29,795,602	0.000000	0.000000	176,694	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,454,873	0.000000	0.000000	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	2,403,031	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	4,398,624	0.000000	0.000000	0	96.00
200.00 Total (Lines 50-199)	482,031	458,984,554			3,673,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2012 1:22 pm

Component CCN: 15S048

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,647	0	0	54.00
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 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 CARDIAC REHAB	0	0	0	70.01
70.02 EMG & ENG	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	0	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
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
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00 Total (Lines 50-199)	2,647	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048 Component CCN: 15T048		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,340,873	92,097,219	0.025417	1,241	32	50.00
52.00	DELIVERY ROOM & LABOR ROOM	366,923	5,816,510	0.063083	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,358,800	88,350,011	0.026698	102,447	2,735	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	823,256	41,781,214	0.019704	0	0	59.00
60.00	LABORATORY	712,933	61,412,377	0.011609	285,786	3,318	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	98,845	3,340,216	0.029592	0	0	63.00
65.00	RESPIRATORY THERAPY	101,678	9,323,466	0.010906	163,105	1,779	65.00
66.00	PHYSICAL THERAPY	1,155,638	9,641,245	0.119864	1,714,617	205,521	66.00
69.00	ELECTROCARDIOLOGY	568,376	23,897,165	0.023784	13,103	312	69.00
70.00	ELECTROENCEPHALOGRAPHY	65,344	2,196,072	0.029755	0	0	70.00
70.01	CARDIAC REHAB	138,405	953,146	0.145209	0	0	70.01
70.02	EMG & ENG	18,134	1,264,898	0.014336	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	45,272	227,441	0.199049	0	0	70.03
70.06	O/P PSYCHIATRIC	176,948	498,978	0.354621	0	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	155	186,902	0.000829	2,474	2	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	64,999	21,163,176	0.003071	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	407,010	56,218,496	0.007240	465,630	3,371	73.00
74.00	RENAL DIALYSIS	68,787	563,892	0.121986	16,943	2,067	74.00
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
91.00	EMERGENCY	1,151,011	29,795,602	0.038630	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	432,071	3,454,873	0.125061	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	320,354	2,403,031	0.133312	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	110,750	4,398,624	0.025178	0	0	96.00
200.00	Total (Lines 50-199)	11,526,562	458,984,554		2,765,346	219,137	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 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
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	482,031	0	482,031	54.00
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 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 CARDIAC REHAB	0	0	0	0	0	70.01
70.02 EMG & ENG	0	0	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	0	0	0	0	70.06
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
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
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	482,031	0	482,031	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 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	92,097,219	0.000000	0.000000	1,241	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,816,510	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	482,031	88,350,011	0.005456	0.005456	102,447	54.00
57.00 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	41,781,214	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	61,412,377	0.000000	0.000000	285,786	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	3,340,216	0.000000	0.000000	0	63.00
65.00 RESPIRATORY THERAPY	0	9,323,466	0.000000	0.000000	163,105	65.00
66.00 PHYSICAL THERAPY	0	9,641,245	0.000000	0.000000	1,714,617	66.00
69.00 ELECTROCARDIOLOGY	0	23,897,165	0.000000	0.000000	13,103	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,196,072	0.000000	0.000000	0	70.00
70.01 CARDIAC REHAB	0	953,146	0.000000	0.000000	0	70.01
70.02 EMG & ENG	0	1,264,898	0.000000	0.000000	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	227,441	0.000000	0.000000	0	70.03
70.06 O/P PSYCHIATRIC	0	498,978	0.000000	0.000000	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	186,902	0.000000	0.000000	2,474	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	21,163,176	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	56,218,496	0.000000	0.000000	465,630	73.00
74.00 RENAL DIALYSIS	0	563,892	0.000000	0.000000	16,943	74.00
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
91.00 EMERGENCY	0	29,795,602	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,454,873	0.000000	0.000000	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	2,403,031	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	4,398,624	0.000000	0.000000	0	96.00
200.00 Total (Lines 50-199)	482,031	458,984,554			2,765,346	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/23/2012 1:22 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	559	0	0	54.00
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 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 CARDIAC REHAB	0	0	0	70.01
70.02 EMG & ENG	0	0	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	1,650	0	70.03
70.06 O/P PSYCHIATRIC	0	0	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
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
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	134	0	96.00
200.00 Total (Lines 50-199)	559	1,784	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15T048	Title XVIII	Subprovider - IRF
				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	0.369643	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	0	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	0	0	0	59.00
60.00	LABORATORY	0.219776	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	0	0	0	65.00
66.00	PHYSICAL THERAPY	1.056429	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0.204008	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	0	0	0	70.00
70.01	CARDIAC REHAB	0.577555	0	0	0	70.01
70.02	EMG & ENG	0.208550	0	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	1,650	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	0	0	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	0	0	0	73.00
74.00	RENAL DIALYSIS	1.930235	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.443545	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	0	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	134	0	0	96.00
200.00	Subtotal (see instructions)		1,784	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,784	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 pm
	Title XVIII	Subprovider - IRF	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	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
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 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 CARDIAC REHAB	0	0	0		70.01
70.02 EMG & ENG	0	0	0		70.02
70.03 O/P CHEMICAL DEPENDENCY	1,111	0	0		70.03
70.06 O/P PSYCHIATRIC	0	0	0		70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
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
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00 PATIENT CARE CENTER - OCC	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	67	0	0		96.00
200.00 Subtotal (see instructions)	1,178	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,178	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 pm
Title XIX			Hospital	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.369643	0	3,323,760	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	0	58,844	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	0	4,580,972	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	0	1,414,479	0	59.00
60.00	LABORATORY	0.219776	0	2,141,620	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	0	67,623	0	65.00
66.00	PHYSICAL THERAPY	1.056429	0	718,011	0	66.00
69.00	ELECTROCARDIOLOGY	0.204008	0	841,667	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	0	226,077	0	70.00
70.01	CARDIAC REHAB	0.577555	0	33,637	0	70.01
70.02	EMG & ENG	0.208550	0	114,926	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	0	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	0	24,531	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	0	606,450	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	0	0	0	73.00
74.00	RENAL DIALYSIS	1.930235	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.443545	0	2,092,264	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	0	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	0	145,766	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	0	32,516	0	96.00
200.00	Subtotal (see instructions)		0	16,423,143	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)		0	16,423,143	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 1:22 pm
Title XIX		Hospital	

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	1,228,605	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	26,473	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,423,308	0	54.00
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	374,441	0	59.00
60.00 LABORATORY	0	470,677	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	25,869	0	65.00
66.00 PHYSICAL THERAPY	0	758,528	0	66.00
69.00 ELECTROCARDIOLOGY	0	171,707	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	58,545	0	70.00
70.01 CARDIAC REHAB	0	19,427	0	70.01
70.02 EMG & ENG	0	23,968	0	70.02
70.03 O/P CHEMICAL DEPENDENCY	0	0	0	70.03
70.06 O/P PSYCHIATRIC	0	22,225	0	70.06
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	410,014	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
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
91.00 EMERGENCY	0	928,013	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00 PATIENT CARE CENTER - OCC	0	183,797	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	16,342	0	96.00
200.00 Subtotal (see instructions)	0	6,141,939	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	6,141,939	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2012 1:22 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)		34,364	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,364	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)		34,364	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)		18,179	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)		33,662,067	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)		33,662,067	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		32,853,802	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,853,802	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.024602	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)		956.05	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)		33,662,067	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)		979.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,807,603	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)		17,807,603	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/23/2012 1:22 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	12,006,550	7,101	1,690.83	3,724	6,296,651	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,312,075	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,416,329	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,293,692	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,024,936	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,318,628	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,097,701	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)					2,961	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					979.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,900,507	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,014,430	33,662,067	0.148964	2,900,507	432,071	90.00
91.00	Nursing School cost	0	33,662,067	0.000000	2,900,507	0	91.00
92.00	Allied health cost	0	33,662,067	0.000000	2,900,507	0	92.00
93.00	All other Medical Education	0	33,662,067	0.000000	2,900,507	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S048		Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,337	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,337	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)		9,337	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)		7,838	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,447,506	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,447,506	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,408,028	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,408,028	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.870340	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)		793.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,447,506	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)		690.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,412,374	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)		5,412,374	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,342,140		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,754,514		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)					886,556		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					74,684		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					961,240		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,793,274		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: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,056,142	6,447,506	0.163806	0	0	90.00
91.00	Nursing School cost	0	6,447,506	0.000000	0	0	91.00
92.00	Allied health cost	0	6,447,506	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,447,506	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T048		Date/Time Prepared: 5/23/2012 1:22 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)		3,516	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,516	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)		3,516	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)		213	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)		4,407,251	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)		4,407,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,792,592	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,792,592	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.578194	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)		794.25	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)		4,407,251	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)		1,253.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		266,991	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)		266,991	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T048				Date/Time Prepared: 5/23/2012 1:22 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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,180,023		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,447,014		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)					47,565		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					219,696		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					267,261		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,179,753		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: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T048				Date/Time Prepared: 5/23/2012 1:22 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	785,153	4,407,251	0.178150	0	0	90.00
91.00	Nursing School cost	0	4,407,251	0.000000	0	0	91.00
92.00	Allied health cost	0	4,407,251	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,407,251	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2012 1:22 pm
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)		34,364	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,364	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)		34,364	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)		3,688	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)		1,869	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)		33,662,067	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)		33,662,067	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		32,853,802	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,853,802	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.024602	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)		956.05	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)		33,662,067	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)		979.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,612,654	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)		3,612,654	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XIX		Hospital		Date/Time Prepared: 5/23/2012 1:22 pm			
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)		
42.00 NURSERY (title V & XIX only)	1,068,734	1,869	571.82	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	12,006,550	7,101	1,690.83	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,612,654	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,612,654	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)						2,961	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						979.57	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,900,507	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	33,662,067	0.000000	2,900,507	0	90.00
91.00	Nursing School cost	0	33,662,067	0.000000	2,900,507	0	91.00
92.00	Allied health cost	0	33,662,067	0.000000	2,900,507	0	92.00
93.00	All other Medical Education	0	33,662,067	0.000000	2,900,507	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15S048		Date/Time Prepared: 5/23/2012 1:22 pm
		Title XIX	Subprovider - IPF	
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)		9,337	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,337	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)		9,337	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)		308	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)		1,869	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,447,506	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,447,506	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,408,028	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,408,028	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.870340	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)		793.41	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,447,506	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)		690.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		212,683	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)		212,683	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XIX		Subprovider - IPF			
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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					212,683		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					212,683		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: 150048	Period: From 01/01/2011	Worksheet D-1
		Component CCN: 15S048	To 12/31/2011	Date/Time Prepared: 5/23/2012 1:22 pm
Title XIX			Subprovider - IPF	

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	6,447,506	0.000000	0	0	90.00
91.00 Nursing School cost	0	6,447,506	0.000000	0	0	91.00
92.00 Allied health cost	0	6,447,506	0.000000	0	0	92.00
93.00 All other Medical Education	0	6,447,506	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T048		Date/Time Prepared: 5/23/2012 1:22 pm
		Title XIX	Subprovider - IRF	
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)		3,516	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,516	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)		3,516	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)		94	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)		1,869	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)		4,407,251	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)		4,407,251	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,792,592	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,792,592	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.578194	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)		794.25	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)		4,407,251	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)		1,253.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		117,827	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)		117,827	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T048				Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XIX		Subprovider - IRF			
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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					117,827		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					117,827		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: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T048		Date/Time Prepared: 5/23/2012 1:22 pm
Title XIX			Subprovider - IRF	

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	4,407,251	0.000000	0	0	90.00
91.00 Nursing School cost	0	4,407,251	0.000000	0	0	91.00
92.00 Allied health cost	0	4,407,251	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,407,251	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		15,290,637		30.00
31.00	INTENSIVE CARE UNIT		4,461,283		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.369643	22,306,704	8,245,517	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	28,925	13,013	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	12,149,719	3,774,918	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	9,169,119	2,427,249	59.00
60.00	LABORATORY	0.219776	17,808,972	3,913,985	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	5,185,389	1,983,639	65.00
66.00	PHYSICAL THERAPY	1.056429	1,021,425	1,079,063	66.00
69.00	ELECTROCARDIOLOGY	0.204008	2,473,278	504,568	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	0	0	70.00
70.01	CARDIAC REHAB	0.577555	0	0	70.01
70.02	EMG & ENG	0.208550	106,760	22,265	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	18,962	17,179	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	104,035	3,035	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	7,321,100	4,949,715	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	18,457,307	6,965,049	73.00
74.00	RENAL DIALYSIS	1.930235	421,783	814,140	74.00
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
91.00	EMERGENCY	0.447462	5,807,734	2,598,740	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		102,381,212	37,312,075	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)		102,381,212		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15S048		Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		6,289,145		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.369643	28,344	10,477	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	485,100	150,721	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	0	0	59.00
60.00	LABORATORY	0.219776	997,562	219,240	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	331,965	126,991	65.00
66.00	PHYSICAL THERAPY	1.056429	178,616	188,695	66.00
69.00	ELECTROCARDIOLOGY	0.204008	32,685	6,668	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	0	0	70.00
70.01	CARDIAC REHAB	0.577555	0	0	70.01
70.02	EMG & ENG	0.208550	13,440	2,803	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	6,951	6,298	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	6,202	181	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	213	144	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	1,404,429	529,975	73.00
74.00	RENAL DIALYSIS	1.930235	10,819	20,883	74.00
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
91.00	EMERGENCY	0.447462	176,694	79,064	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		3,673,020	1,342,140	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)		3,673,020		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T048		Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XVIIII	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
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,158,545		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.369643	1,241	459	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.449892	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.310700	102,447	31,830	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.264720	0	0	59.00
60.00	LABORATORY	0.219776	285,786	62,809	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.720295	0	0	63.00
65.00	RESPIRATORY THERAPY	0.382544	163,105	62,395	65.00
66.00	PHYSICAL THERAPY	1.056429	1,714,617	1,811,371	66.00
69.00	ELECTROCARDIOLOGY	0.204008	13,103	2,673	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.258959	0	0	70.00
70.01	CARDIAC REHAB	0.577555	0	0	70.01
70.02	EMG & ENG	0.208550	0	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.673445	0	0	70.03
70.06	O/P PSYCHIATRIC	0.905996	0	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.029176	2,474	72	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.676089	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.377360	465,630	175,710	73.00
74.00	RENAL DIALYSIS	1.930235	16,943	32,704	74.00
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
91.00	EMERGENCY	0.447462	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.839541	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	1.260905	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.502582	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		2,765,346	2,180,023	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,765,346		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/23/2012 1:22 pm
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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		2,626,594		30.00
31.00	INTENSIVE CARE UNIT		711,516		31.00
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	0.000000	220,707	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	429,513	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	1,532,514	0	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	1,016,076	0	59.00
60.00	LABORATORY	0.000000	2,224,012	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.000000	477,563	0	65.00
66.00	PHYSICAL THERAPY	0.000000	75,826	0	66.00
69.00	ELECTROCARDIOLOGY	0.000000	236,000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	CARDIAC REHAB	0.000000	0	0	70.01
70.02	EMG & ENG	0.000000	11,434	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.000000	0	0	70.03
70.06	O/P PSYCHIATRIC	0.000000	29,443	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	506,537	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	31,854	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	EMERGENCY	0.000000	723,098	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
93.00	PATIENT CARE CENTER - OCC	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		7,514,577	0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		7,514,577		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15S048	Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XIX	Subprovider - IPF	
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
40.00	SUBPROVIDER - IPF		224,136	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	0.000000	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	13,923	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	46,500	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0.000000	11,097	65.00
66.00	PHYSICAL THERAPY	0.000000	8,152	66.00
69.00	ELECTROCARDIOLOGY	0.000000	1,673	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	CARDIAC REHAB	0.000000	0	70.01
70.02	EMG & ENG	0.000000	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	O/P PSYCHIATRIC	0.000000	342	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
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
91.00	EMERGENCY	0.000000	4,182	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
93.00	PATIENT CARE CENTER - OCC	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		85,869	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)		85,869	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15T048	Date/Time Prepared: 5/23/2012 1:22 pm	
		Title XIX	Subprovider - IRF	
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
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		66,528	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	15,351	54.00
57.00	CT SCAN	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	LABORATORY	0.000000	8,122	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.000000	56,664	66.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	CARDIAC REHAB	0.000000	0	70.01
70.02	EMG & ENG	0.000000	0	70.02
70.03	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	O/P PSYCHIATRIC	0.000000	0	70.06
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
74.00	RENAL DIALYSIS	0.000000	475	74.00
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
91.00	EMERGENCY	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
93.00	PATIENT CARE CENTER - OCC	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		80,612	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)		80,612	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		41,847,407	1.00
2.00	Outlier payments for discharges. (see instructions)		1,435,693	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)		148.90	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)		5.35	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.12	31.00
32.00	Sum of lines 30 and 31		21.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.93	33.00
34.00	Disproportionate share adjustment (see instructions)		2,900,025	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)		46,183,125	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		53,281,022	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		53,281,022	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,902,034	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		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			66,289 58.00
59.00	Total (sum of amounts on lines 49 through 58)			57,249,345 59.00
60.00	Primary payer payments			31,779 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			57,217,566 61.00
62.00	Deductibles billed to program beneficiaries			4,309,005 62.00
63.00	Coinsurance billed to program beneficiaries			111,131 63.00
64.00	Allowable bad debts (see instructions)			1,207,801 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			845,461 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			855,483 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			53,642,891 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			9,548 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)			53,633,343 71.00
72.00	Interim payments			53,748,386 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)			-115,043 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			9,675,640 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: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIII	Hospital	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)		33,641,078	2.00
3.00	PPS payments		27,497,333	3.00
4.00	Outlier payment (see instructions)		289,542	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.928	5.00
6.00	Line 2 times line 5		31,218,920	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		89.01	7.00
8.00	Transitional corridor payment (see instructions)		2,917,238	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		147,658	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)		30,851,771	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)		5,762,655	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)		25,089,116	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)		25,089,116	30.00
31.00	Primary payer payments		6,418	31.00
32.00	Subtotal (line 30 minus line 31)		25,082,698	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,246,410	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		872,487	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		928,126	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		25,955,185	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)		25,955,185	40.00
41.00	Interim payments		27,563,074	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)		-1,607,889	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: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15S048	Title XVIII	Subprovider - IPF
		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: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15T048	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)		1,178	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2012 1:22 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		52,875,699		27,203,668	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	09/16/2011	575,276	09/19/2011	115,955	3.01	
3.02		11/22/2011	297,411	11/22/2011	243,451	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)		872,687		359,406	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)		53,748,386		27,563,074	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		115,043		1,607,889	6.02	
7.00	Total Medicare program liability (see instructions)		53,633,343		25,955,185	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: 150048

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15S048

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		6,658,653		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,658,653		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		4,393		0	6.02
7.00	Total Medicare program liability (see instructions)		6,654,260		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T048

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 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 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		3,935,869			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/16/2011	5,998			0 3.01
3.02		11/22/2011	1,545			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)		7,543			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)		3,943,412			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		3,196			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,946,608			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15S048	Title XVII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		6,942,242	1.00
2.00	Net IPF PPS Outlier Payments		203,099	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		25.580822	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		7,145,341	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		7,145,341	16.00
17.00	Primary payer payments		843	17.00
18.00	Subtotal (line 16 less line 17).		7,144,498	18.00
19.00	Deductibles		327,410	19.00
20.00	Subtotal (line 18 minus line 19)		6,817,088	20.00
21.00	Coinsurance		165,475	21.00
22.00	Subtotal (line 20 minus line 21)		6,651,613	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		6,651,613	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		2,647	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		6,654,260	31.00
32.00	Interim payments		6,658,653	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		-4,393	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,585,914 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0163 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			79,417 3.00
4.00	Outlier Payments			329,677 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)			9.632877 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)			3,995,008 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)			3,995,008 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,995,008 19.00
20.00	Deductibles			48,676 20.00
21.00	Subtotal (line 19 minus line 20)			3,946,332 21.00
22.00	Coinsurance			283 22.00
23.00	Subtotal (line 21 minus line 22)			3,946,049 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,946,049 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)			559 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)			3,946,608 32.00
33.00	Interim payments			3,943,412 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)			3,196 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2012 1:22 pm
		Title XIX	Hospital	
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		6,141,939	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		6,141,939	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		6,141,939	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		3,338,110	8.00
9.00	Ancillary service charges		23,937,720	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		27,275,830	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		27,275,830	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		21,133,891	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		6,141,939	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		6,141,939	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		6,141,939	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		6,141,939	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		6,141,939	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		6,141,939	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		6,141,939	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15S048	Title XIX	Subprovider - IPF
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		224,136	8.00
9.00	Ancillary service charges		85,869	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		310,005	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		310,005	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		310,005	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2012 1:22 pm
		Component CCN: 15T048	Title XIX	Subprovider - IRF
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		66,528	8.00
9.00	Ancillary service charges		80,612	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		147,140	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		147,140	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		147,140	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150048

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

Worksheet G
Date/Time Prepared:
5/23/2012 1:22 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	18,577,096	0	0	0	1.00
2.00	Temporary investments	3,060,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	42,890,292	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,748,256	0	0	0	7.00
8.00	Prepaid expenses	83,245,580	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	150,521,224	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,391,371	0	0	0	12.00
13.00	Land improvements	31,920,489	0	0	0	13.00
14.00	Accumulated depreciation	-7,988,546	0	0	0	14.00
15.00	Buildings	111,891,200	0	0	0	15.00
16.00	Accumulated depreciation	-21,124,540	0	0	0	16.00
17.00	Leasehold improvements	6,862,785	0	0	0	17.00
18.00	Accumulated depreciation	-1,700,343	0	0	0	18.00
19.00	Fixed equipment	103,250,303	0	0	0	19.00
20.00	Accumulated depreciation	-21,894,612	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	140,428,727	0	0	0	23.00
24.00	Accumulated depreciation	-83,180,588	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)	268,856,246	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	176,944,977	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	32,495,131	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	209,440,108	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	628,817,578	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,933,081	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,613,942	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,060,000	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	4,808,995	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,416,018	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	176,710,000	0	0	0	47.00
48.00	Unsecured loans	23,891,128	0	0	0	48.00
49.00	Other long term liabilities	22,888,965	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	223,490,093	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	252,906,111	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	375,911,467				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)	375,911,467	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	628,817,578	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150048

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

Worksheet G-1

Date/Time Prepared:
5/23/2012 1:22 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		401,453,393	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-25,541,926			2.00
3.00	Total (sum of line 1 and line 2)		375,911,467		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)		375,911,467		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)		375,911,467		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150048

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

Worksheet G-1

Date/Time Prepared:
5/23/2012 1:22 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 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)		0		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)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150048

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

Worksheet G-2 Parts

Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,853,802		32,853,802	1.00
2.00	SUBPROVIDER - IPF	7,408,028		7,408,028	2.00
3.00	SUBPROVIDER - IRF	2,792,592		2,792,592	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				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)	43,054,422		43,054,422	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,340,055		9,340,055	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,340,055		9,340,055	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	52,394,477		52,394,477	17.00
18.00	Ancillary services	198,957,363	291,893,237	490,850,600	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				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	0	0	0	26.00
27.00	OTHER REVENUE	2,794,650	1,947,963	4,742,613	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	254,146,490	293,841,200	547,987,690	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		269,700,689		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		269,700,689		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150048

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

Worksheet G-3

Date/Time Prepared:
5/23/2012 1:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	547,987,690	1.00
2.00	Less contractual allowances and discounts on patients' accounts	259,346,311	2.00
3.00	Net patient revenues (line 1 minus line 2)	288,641,379	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	269,700,689	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,940,690	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	11,019,289	24.00
25.00	Total other income (sum of lines 6-24)	11,019,289	25.00
26.00	Total (line 5 plus line 25)	29,959,979	26.00
27.00	OTHER EXPENSES	55,501,905	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	55,501,905	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-25,541,926	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151524

To 12/31/2011

Date/Time Prepared: 5/23/2012 1:22 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	123,518	0	0	0	640,906	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	46,438	0	0	0	0	9.00
10.00	Nursing Care	590,048	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	60,927	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	820,931	0	0	0	640,906	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151524

To 12/31/2011

Date/Time Prepared: 5/23/2012 1:22 pm

		Total (col. 5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	764,424	0	764,424	0	764,424	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	46,438	0	46,438	0	46,438	9.00
10.00	Nursing Care	590,048	0	590,048	0	590,048	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	60,927	0	60,927	0	60,927	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,461,837	0	1,461,837	0	1,461,837	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151524

To 12/31/2011

Date/Time Prepared: 5/23/2012 1:22 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	123,518	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	590,048	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	123,518	0	0	0	590,048	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151524

To 12/31/2011

Date/Time Prepared: 5/23/2012 1:22 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	123,518	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	46,438	46,438	9.00
10.00	Nursing Care		0	0	590,048	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		60,927	0	60,927	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	60,927	46,438	820,931	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	764,424	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	46,438	0	0	0	0	9.00
10.00	Nursing Care	590,048	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	60,927	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,461,837	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	764,424			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	46,438	50,900	97,338	9.00
10.00	Nursing Care	0	590,048	646,743	1,236,791	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	60,927	66,781	127,708	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	697,413	764,424	1,461,837	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

Period:

Worksheet K-4

Hospice CCN: 151524

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

Part II
Date/Time Prepared:
5/23/2012 1:22 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet K-4 Part II Date/Time Prepared: 5/23/2012 1:22 pm
		Hospice I		
		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-764,424	697,413	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	46,438	9.00
10.00	Nursing Care	0	590,048	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	60,927	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		764,424	39.00
40.00	Unit Cost Multiplier		1.096085	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
			NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
			1.00	1.01	2.00		
0	0	12,245	0	0	344,882	1.00	
1.00	Administrative and General						
2.00	Inpatient - General Care	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	3.00	
4.00	Physician Services	97,338	0	0	0	4.00	
5.00	Nursing Care	1,236,791	0	0	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	10.00	
11.00	Spiritual Counseling	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	127,708	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00	
16.00	Other	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	28.00	
29.00	Other	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	1,461,837	12,245	0	344,882	34.00	
35.00	Unit Cost Multiplier (see instructions)					35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I					
		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	2,320	12,302	16,402	9,997	22,806	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,320	12,302	16,402	9,997	22,806	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	420,954	27,208	0	1,650	22,768	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	97,338	6,291	0	0	0	4.00
5.00	Nursing Care	1,236,791	79,939	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	127,708	8,254	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,882,791	121,692	0	1,650	22,768	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	16,447	0	7	238,600	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	16,447	0	7	238,600	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM		
		16.00	17.00	17.01	23.00	24.00	
1.00	Administrative and General	31,442	0	37,272	0	796,348	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	103,629	4.00
5.00	Nursing Care	0	0	0	0	1,316,730	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	135,962	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	31,442	0	37,272	0	2,352,669	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151524

To 12/31/2011

Part I
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	103,629	53,026	156,655		4.00
5.00	Nursing Care	0	1,316,730	673,752	1,990,482		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	135,962	69,570	205,532		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,352,669		2,352,669		34.00
35.00	Unit Cost Multiplier (see instructions)			0.511686			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
1.00	Administrative and General	445	445	445	820,931	12	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	445	445	445	820,931	12	34.00
35.00	Total cost to be allocated	12,245	0	0	344,882	2,320	35.00
36.00	Unit Cost Multiplier (see instructions)	27.516854	0.000000	0.000000	0.420111	193.333333	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I				Reconciliation	
		DATA PROCESSING (TERMINALS) 5.02	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE) 5.03	ADMITTING (TOTAL REVENUE) 5.04	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE) 5.05	5A.06	
1.00	Administrative and General	1	239,148	2,274,638	2,274,638	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1	239,148	2,274,638	2,274,638		34.00
35.00	Total cost to be allocated	12,302	16,402	9,997	22,806		35.00
36.00	Unit Cost Multiplier (see instructions)	12,302.000000	0.068585	0.004395	0.010026		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	420,954	0	609	96	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	97,338	0	0	0	0	4.00
5.00	Nursing Care	1,236,791	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	127,708	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,882,791	0	609	96	0	34.00
35.00	Total cost to be allocated	121,692	0	1,650	22,768	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.064634	0.000000	2.709360	237.166667	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I					
		CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	28,385	0	30	170,926	2,274,638	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	28,385	0	30	170,926	2,274,638	34.00
35.00	Total cost to be allocated	16,447	0	7	238,600	31,442	35.00
36.00	Unit Cost Multiplier (see instructions)	0.579426	0.000000	0.233333	1.395926	0.013823	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/23/2012 1:22 pm

Cost Center Description		Hospice I			
		SOCIAL SERVICE (TIME SPENT) 17.00	INSERVICE EDUCATION (IN HOUSE ED) 17.01	PARAMED ED PRGM (TIME SPENT) 23.00	
1.00	Administrative and General	0	361	0	1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	0	0	0	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	361	0	34.00
35.00	Total cost to be allocated	0	37,272	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	103.246537	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150048 Hospice CCN: 151524		Period: From 01/01/2011 To 12/31/2011		Worksheet K-5 Part III Date/Time Prepared: 5/23/2012 1:22 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	1.056429	0	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00		0	0		2.00
3.00	SPEECH PATHOLOGY	68.00		0	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.377360	0	0		4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.502582	0	0		5.00
6.00	LABORATORY	60.00	0.219776	0	0		6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0		6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.029176	0	0		7.00
8.00	PATIENT CARE CENTER - OCC	93.00	1.260905	0	0		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-10)				0		11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150048

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 151524

To 12/31/2011

Date/Time Prepared: 5/23/2012 1:22 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,352,669	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8,656	2.00
3.00	Average cost per diem (line 1 divided by line 2)				271.80	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	7,679				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,087,152				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		384			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		104,371			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,830				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	497,394				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			593		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			161,177		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150048	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/23/2012 1:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,386,905	1.00
2.00	Capital DRG outlier payments		515,129	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		107.25	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,902,034	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