

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: 150104
 Period: From 01/01/2011 To 12/31/2011
 worksheet 5
 Parts I-III
 Date/Time Prepared: 5/21/2012 4:38 pm

PART I - COST REPORT STATUS

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

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

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	143,294	22,101	0	311,445	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	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	143,294	22,101	0	311,445	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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/21/2012 4:38 pm
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1.00	2.00		3.00		4.00			1.00	
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2605 N. LEBANON STREET		PO Box:					1.00	
2.00	City: LEBANON		State: IN		Zip Code: 46052-		County: BOONE		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	WITHAM MEMORIAL HOSPITAL	150104	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	WITHAM HOSPITAL GEROPSYCH	15S104	26900	4	01/01/2000	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC						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)					9				21.00

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					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	613	334	0	0	1,110	0	24.00
25.00	0	0	0	0	0	0	25.00

	Urban/Rural s	Date of Geogr	
	1.00	2.00	
26.00	1		26.00
27.00	1		27.00
35.00	0		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.					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		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00			62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.		0.00	0.00	0.000000	64.00
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

		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.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00			
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00

		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00

Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0	0119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N			N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00

Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)						N		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:	Zip Code:					142.00	
143.00	City:	State:						143.00	
						1.00			
144.00	Are provider based physicians' costs included in worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
						1.00	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		
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/21/2012 4:38 pm
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	Y/N	Date	
	1.00	2.00	

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	

2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

	Y/N	Type	Date	
	1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

	Y/N	Legal Oper.	
	1.00	2.00	

Approved Educational Activities

6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N		15.00
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Description

Part A

	Y/N	Date
0	1.00	2.00

PS&R Data

16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/13/2012		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)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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

	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	03/13/2012	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)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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: 150104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	
		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	60	21,900	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)		60	21,900	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	8	2,920	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)		68	24,820	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF	40.00	10	3,650		16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		17.00
18.00	SUBPROVIDER	42.00	0	0		18.00
19.00	SKILLED NURSING FACILITY					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	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)		78			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: 150104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 4:38 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	2,599	612	5,532	1.00
2.00 HMO		1	1,409		2.00
3.00 HMO IPF		0	0		3.00
4.00 HMO IRF		0	0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,599	612	5,532	7.00
8.00 INTENSIVE CARE UNIT	0	621	0	1,450	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	883	13.00
14.00 Total (see instructions)	0	3,220	612	7,865	14.00
15.00 CAH visits	0	0	0	0	15.00
16.00 SUBPROVIDER - IPF	0	1,959	0	2,186	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0	17.00
18.00 SUBPROVIDER	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY					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	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		381	1,621	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		23,005			29.00
30.00 Employee discount days (see instruction)				0	30.00
31.00 Employee discount days - IRF				0	31.00
32.00 Labor & delivery days (see instructions)			36	53	32.00
33.00 LTCH non-covered days		0			33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 4:38 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	987	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	536.97	0.00	0	987	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	19.63	0.00	0	262	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						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	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	556.60	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: 150104

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2012 4:38 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)	184	2,299		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)	184	2,299		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	300		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/21/2012 4:38 pm
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	Worksheet A Line Number	Amount Reported	Reclassificati 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	32,610,610	0	32,610,610	1,157,728.00 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)		12,801,863	0	12,801,863	358,867.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		633,462	0	633,462	8,023.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		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		7,351,057	0	7,351,057	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		3,305,236	0	3,305,236	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	393,441	0	393,441	5,161.00 26.00
27.00	Administrative & General	5.00	4,012,227	0	4,012,227	173,216.00 27.00
28.00	Administrative & General under contract (see inst.)		389,254	0	389,254	4,995.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	451,552	0	451,552	19,564.00 30.00
31.00	Laundry & Linen Service	8.00	19,358	0	19,358	2,188.00 31.00
32.00	Housekeeping	9.00	296,043	0	296,043	23,437.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	511,260	-278,794	232,466	16,433.00 34.00
35.00	Dietary under contract (see instructions)		218	0	218	4.00 35.00
36.00	Cafeteria	11.00	0	278,794	278,794	19,461.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	443,913	0	443,913	12,159.00 38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00 39.00
40.00	Pharmacy	15.00	376,039	0	376,039	12,606.00 40.00
41.00	Medical Records & Medical Records Library	16.00	729,353	0	729,353	35,880.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

Provider CCN: 150104

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2012 4:38 pm

Average Hourly
Wage (col. 4 ÷
col. 5)
6.00

PART II - WAGE DATA

SALARIES

1.00	Total salaries (see instructions)	28.17	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)	35.67	10.00

OTHER WAGES & RELATED COSTS

11.00	Contract labor (see instructions)	78.96	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	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/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00

OVERHEAD COSTS - DIRECT SALARIES

26.00	Employee Benefits	76.23	26.00
27.00	Administrative & General	23.16	27.00
28.00	Administrative & General under contract (see inst.)	77.93	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.08	30.00
31.00	Laundry & Linen Service	8.85	31.00
32.00	Housekeeping	12.63	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.15	34.00
35.00	Dietary under contract (see instructions)	54.50	35.00
36.00	Cafeteria	14.33	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.51	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	29.83	40.00
41.00	Medical Records & Medical Records Library	20.33	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150104

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 4:38 pm

	Worksheet A Line Number	Amount Reported	ReClassificati 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)	33,000,082	0	33,000,082	1,162,727.00	1.00
2.00	Excluded area salaries (see instructions)	12,801,863	0	12,801,863	358,867.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	20,198,219	0	20,198,219	803,860.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	633,462	0	633,462	8,023.00	4.00
5.00	Subtotal wage-related costs (see inst.)	7,351,057	0	7,351,057	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	28,182,738	0	28,182,738	811,883.00	6.00
7.00	Total overhead cost (see instructions)	7,622,658	0	7,622,658	325,104.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150104

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2012 4:38 pm

Average Hourly Wage (col. 4 ÷ col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	28.38	1.00
2.00	Excluded area salaries (see instructions)	35.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	78.96	4.00
5.00	Subtotal wage-related costs (see inst.)	36.39	5.00
6.00	Total (sum of lines 3 thru 5)	34.71	6.00
7.00	Total overhead cost (see instructions)	23.45	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150104

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/21/2012 4:38 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	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)	0	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	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: 150104

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2012 4:38 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/21/2012 4:38 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)		0.275356	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		0	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			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		31,889,840	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,781,059	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)		8,781,059	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,781,059	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	5,212,872	0	5,212,872	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,435,396	0	1,435,396	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,435,396	0	1,435,396	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?				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)			0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			243,337	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			-243,337	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			-67,004	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,368,392	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,149,451	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150104

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

Worksheet A

Date/Time Prepared:
5/21/2012 4:38 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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		7,218,073	7,218,073	-495,692	6,722,381	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,874,519	3,874,519	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	393,441	8,155,184	8,548,625	261,683	8,810,308	4.00
5.00 ADMINISTRATIVE & GENERAL	4,012,227	7,167,216	11,179,443	-1,343,333	9,836,110	5.00
7.00 OPERATION OF PLANT	451,552	2,666,172	3,117,724	-13,780	3,103,944	7.00
8.00 LAUNDRY & LINEN SERVICE	19,358	337,520	356,878	0	356,878	8.00
9.00 HOUSEKEEPING	296,043	149,054	445,097	-3,196	441,901	9.00
10.00 DIETARY	511,260	477,096	988,356	-569,935	418,421	10.00
11.00 CAFETERIA	0	0	0	565,053	565,053	11.00
13.00 NURSING ADMINISTRATION	443,913	47,437	491,350	-4,996	486,354	13.00
15.00 PHARMACY	376,039	1,795,804	2,171,843	-1,386,098	785,745	15.00
16.00 MEDICAL RECORDS & LIBRARY	729,353	299,962	1,029,315	-115,846	913,469	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,432,408	1,597,271	4,029,679	-233,765	3,795,914	30.00
31.00 INTENSIVE CARE UNIT	839,234	240,363	1,079,597	-74,032	1,005,565	31.00
40.00 SUBPROVIDER - IPF	923,578	178,026	1,101,604	-27,118	1,074,486	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	36,195	36,195	0	36,195	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,462,040	4,317,599	5,779,639	-1,895,178	3,884,461	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	978,466	2,617,694	3,596,160	-472,292	3,123,868	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	-23,214	-23,214	55.00
55.01 ULTRA SOUND	241,061	366,742	607,803	-89,665	518,138	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	110,074	834,268	944,342	-519,049	425,293	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	268,022	896,871	1,164,893	-446,615	718,278	58.00
59.00 CARDIAC CATHETERIZATION	123,799	524,027	647,826	-163,311	484,515	59.00
60.00 LABORATORY	1,771,704	3,175,519	4,947,223	-65,081	4,882,142	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	312,505	312,505	-398	312,107	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	881,293	164,462	1,045,755	-14,771	1,030,984	66.00
67.00 OCCUPATIONAL THERAPY	306,824	241,239	548,063	-1,467	546,596	67.00
67.01 AUDIOLOGY	97,315	146,177	243,492	-8,809	234,683	67.01
68.00 SPEECH PATHOLOGY	41,864	25,153	67,017	-127	66,890	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOLOGY	729,228	200,440	929,668	-50,142	879,526	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-49,660	-49,660	540,155	490,495	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,906,543	1,906,543	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,323,117	1,323,117	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	161,754	153,357	315,111	-4,724	310,387	90.01
90.02 CLINIC	0	0	0	0	0	90.02
90.03 DERMATOLOGY CLINIC	0	1,154	1,154	0	1,154	90.03
90.04 ENT CLINIC	0	2,555	2,555	-2,429	126	90.04
90.05 SURGERY CLINIC	0	4,711	4,711	-2,212	2,499	90.05
90.06 RADIOLOGY CLINIC	0	0	0	0	0	90.06
90.07 UROLOGY CLINIC	0	5,223	5,223	0	5,223	90.07
90.08 PODIATRY CLINIC	0	0	0	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	12,967	1,699	14,666	0	14,666	90.09
90.10 PULMONARY CLINIC	0	0	0	0	0	90.10
90.11 NEUROLOGY CLINIC	0	4,265	4,265	-3,323	942	90.11
90.12 OPHTHALMOLOGY CLINIC	0	0	0	0	0	90.12
90.13 ALLERGY CLINIC	77,320	39,044	116,364	-1,112	115,252	90.13
90.14 WOUND CARE	188,995	168,658	357,653	-1,087	356,566	90.14
91.00 EMERGENCY	1,851,193	2,318,444	4,169,637	-268,621	3,901,016	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,172,435	327,647	1,500,082	-69,642	1,430,440	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150104

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

worksheet A
Date/Time Prepared:
5/21/2012 4:38 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	
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	21,904,760	47,165,166	69,069,926	100,010	69,169,936	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 EYE INSTITUTE	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	10,673,541	3,579,979	14,253,520	-100,010	14,153,510	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01 CAFE/BOUTIQUE	0	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	32,309	97,052	129,361	0	129,361	194.02
200.00 TOTAL (SUM OF LINES 118-199)	32,610,610	50,842,197	83,452,807	0	83,452,807	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	-582,420	6,139,961	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	3,874,519	2.00
3.00 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	0	8,810,308	4.00
5.00 ADMINISTRATIVE & GENERAL	-613,006	9,223,104	5.00
7.00 OPERATION OF PLANT	-658,395	2,445,549	7.00
8.00 LAUNDRY & LINEN SERVICE	0	356,878	8.00
9.00 HOUSEKEEPING	0	441,901	9.00
10.00 DIETARY	-47,834	370,587	10.00
11.00 CAFETERIA	-250,553	314,500	11.00
13.00 NURSING ADMINISTRATION	0	486,354	13.00
15.00 PHARMACY	28,437	814,182	15.00
16.00 MEDICAL RECORDS & LIBRARY	-6,076	907,393	16.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	-903,395	2,892,519	30.00
31.00 INTENSIVE CARE UNIT	0	1,005,565	31.00
40.00 SUBPROVIDER - IPF	-27,722	1,046,764	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	36,195	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	3,884,461	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	-155	3,123,713	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	-23,214	55.00
55.01 ULTRA SOUND	0	518,138	55.01
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	425,293	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	718,278	58.00
59.00 CARDIAC CATHETERIZATION	0	484,515	59.00
60.00 LABORATORY	-251,000	4,631,142	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	312,107	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	1,030,984	66.00
67.00 OCCUPATIONAL THERAPY	-5,252	541,344	67.00
67.01 AUDIOLOGY	-72,576	162,107	67.01
68.00 SPEECH PATHOLOGY	0	66,890	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
69.01 CARDIOLOGY	0	879,526	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	490,495	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,906,543	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,323,117	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	310,387	90.01
90.02 CLINIC	0	0	90.02
90.03 DERMATOLOGY CLINIC	-1,154	0	90.03
90.04 ENT CLINIC	0	126	90.04
90.05 SURGERY CLINIC	-4,711	-2,212	90.05
90.06 CARDIOLOGY CLINIC	0	0	90.06
90.07 UROLOGY CLINIC	-5,223	0	90.07
90.08 PODIATRY CLINIC	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	-14,666	0	90.09
90.10 PULMONARY CLINIC	0	0	90.10
90.11 NEUROLOGY CLINIC	-4,265	-3,323	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	90.12
90.13 ALLERGY CLINIC	0	115,252	90.13
90.14 WOUND CARE	0	356,566	90.14
91.00 EMERGENCY	-300,000	3,601,016	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	-1,183,929	246,511	95.00
99.10 CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150104

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

worksheet A

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
SPECIAL PURPOSE COST CENTERS				
106.00	HEART ACQUISITION	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,903,895	64,266,041	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	EYE INSTITUTE	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	14,153,510	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	194.00
194.01	CAFE/BOUTIQUE	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	129,361	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-4,903,895	78,548,912	200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	263,947	1.00
	TOTALS		0	263,947	
B - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	478,813	1.00
	TOTALS		0	478,813	
C - CAFETERIA					
1.00	CAFETERIA	11.00	278,794	286,601	1.00
	TOTALS		278,794	286,601	
D - MME DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,874,519	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
	TOTALS		0	3,874,519	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,323,117	1.00
	TOTALS		0	1,323,117	
F - MED SUPPLY IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	1,906,543	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	1,906,543	
G - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	542,549	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
	TOTALS		0	542,549	
500.00	Grand Total: Increases		278,794	8,676,089	500.00

RECLASSIFICATIONS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	worksheet A-6 Date/Time Prepared: 5/21/2012 4:38 pm
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		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	263,947	0	1.00
	TOTALS		0	263,947		
B - INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	478,813	11	1.00
	TOTALS		0	478,813		
C - CAFETERIA						
1.00	DIETARY	10.00	278,794	286,601	0	1.00
	TOTALS		278,794	286,601		
D - MME DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	974,505	9	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	2,264	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	600,573	0	3.00
4.00	OPERATION OF PLANT	7.00	0	13,780	0	4.00
5.00	HOUSEKEEPING	9.00	0	3,196	0	5.00
6.00	DIETARY	10.00	0	4,540	0	6.00
7.00	CAFETERIA	11.00	0	342	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	4,996	0	8.00
9.00	PHARMACY	15.00	0	4,040	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	115,846	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	32,929	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	4,272	0	12.00
13.00	OPERATING ROOM	50.00	0	193,994	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	472,292	0	14.00
15.00	ULTRA SOUND	55.01	0	89,665	0	15.00
16.00	CT SCAN	57.00	0	519,049	0	16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	446,615	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	43,218	0	18.00
19.00	LABORATORY	60.00	0	65,081	0	19.00
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	398	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	14,771	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	1,467	0	22.00
23.00	AUDIOLOGY	67.01	0	8,809	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	127	0	24.00
25.00	CARDIOLOGY	69.01	0	50,142	0	25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	894	0	26.00
27.00	OTHER OUTPATIENT SERVICE COST CENTER	90.01	0	4,724	0	27.00
28.00	ENT CLINIC	90.04	0	2,429	0	28.00
29.00	SURGERY CLINIC	90.05	0	2,212	0	29.00
30.00	NEUROLOGY CLINIC	90.11	0	3,323	0	30.00
31.00	ALLERGY CLINIC	90.13	0	1,112	0	31.00
32.00	WOUND CARE	90.14	0	1,087	0	32.00
33.00	EMERGENCY	91.00	0	22,175	0	33.00
34.00	AMBULANCE SERVICES	95.00	0	69,642	0	34.00
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	100,010	0	35.00
	TOTALS		0	3,874,519		
E - DRUGS						
1.00	PHARMACY	15.00	0	1,323,117	0	1.00
	TOTALS		0	1,323,117		
F - MED SUPPLY IMPLANTS						
1.00	INTENSIVE CARE UNIT	31.00	0	108	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,503	0	2.00
3.00	OPERATING ROOM	50.00	0	1,701,184	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,500	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	120,093	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	23,214	0	6.00
7.00	PHARMACY	15.00	0	58,941	0	7.00
	TOTALS		0	1,906,543		
G - MED SUPPLY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	199,333	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	73,924	0	2.00
3.00	SUBPROVIDER - IPF	40.00	0	22,846	0	3.00
4.00	EMERGENCY	91.00	0	246,446	0	4.00
	TOTALS		0	542,549		
500.00	Grand Total: Decreases		278,794	8,676,089		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 4:38 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,489,230	0	0	10,000	1.00
2.00	Land Improvements	2,528,844	261,552	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	72,743,041	130,661	0	0	4.00
5.00	Fixed Equipment	2,157,188	28,660	0	0	5.00
6.00	Movable Equipment	33,060,444	822,733	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	114,978,747	1,243,606	0	10,000	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	114,978,747	1,243,606	0	10,000	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	3,394,925	0	3,808,997	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,394,925	0	3,808,997	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	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 4:38 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,479,230	0		1.00		
2.00	Land Improvements	2,790,396	0		2.00		
3.00	Buildings and Fixtures	0	0		3.00		
4.00	Building Improvements	72,873,702	0		4.00		
5.00	Fixed Equipment	2,185,848	0		5.00		
6.00	Movable Equipment	33,883,177	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	116,212,353	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	116,212,353	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	14,151	7,218,073		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	14,151	7,218,073		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	2,420,420	-24,950	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,874,519	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,294,939	-24,950	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150104

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,888,731	0	0	-144,240	6,139,961	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,874,519	2.00	
3.00	Total (sum of lines 1-2)	3,888,731	0	0	-144,240	10,014,480	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150104

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

worksheet A-8

Date/Time Prepared:
5/21/2012 4:38 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	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)		0			0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-4,934		ADMINISTRATIVE & GENERAL	5.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,667,903			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	0			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-171,499		CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines	B	-7,437		ADMINISTRATIVE & GENERAL	5.00 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	0		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		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			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	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		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00 32.00
33.00 HOSPITAL ADMINISTRAT CONTRIBUTIONS	A	-22,776		ADMINISTRATIVE & GENERAL	5.00 33.00
35.00 LEASE INCOME	B	-24,950		NEW CAP REL COSTS-BLDG & FIXT	1.00 35.00
36.00 MEDICAL STAFF FEES	B	-2,750		ADMINISTRATIVE & GENERAL	5.00 36.00
37.00 EDUCATION PROGRAMS	B	-8		ADMINISTRATIVE & GENERAL	5.00 37.00
38.00 PATIENT ACCOUNTS	B	-895		ADMINISTRATIVE & GENERAL	5.00 38.00
40.00 MEALS ON WHEELS	B	-47,834		DIETARY	10.00 40.00
41.00 PHARMACY OTHER MISCELLANEOUS INCOME	B	28,437		PHARMACY	15.00 41.00
42.00 MEDICAL RECORDS	B	-6,076		MEDICAL RECORDS & LIBRARY	16.00 42.00
43.00 DIALYSIS CENTER RENT	A	-15		ADULTS & PEDIATRICS	30.00 43.00
44.00 OB CLASS	B	-963		ADULTS & PEDIATRICS	30.00 44.00
45.00 X-RAY FEES	B	-155		RADIOLOGY-DIAGNOSTIC	54.00 45.00
45.01 RENTAL REVENUE	B	-35,086		NEW CAP REL COSTS-BLDG & FIXT	1.00 45.01
45.02 RENTAL INCOME ANSON	B	-658,395		OPERATION OF PLANT	7.00 45.02
45.03 DERMATOLOGY CLINIC RENT	B	-1,154		DERMATOLOGY CLINIC	90.03 45.03
45.05 SURGERY CLINIC RENT	A	-4,711		SURGERY CLINIC	90.05 45.05
45.06 UROLOGY CLINIC RENT	A	-5,223		UROLOGY CLINIC	90.07 45.06
45.07 GASTROENTEROLOGY CLINIC RENT	A	-14,666		GASTROENTEROLOGY CLINIC	90.09 45.07
45.08 NEUROLOGY CLINIC RENT	A	-4,265		NEUROLOGY CLINIC	90.11 45.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 150104

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

worksheet A-8

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
45.09	AMBULANCE	B	-1,472	AMBULANCE SERVICES	95.00 45.09
45.10	2005 PREMIUM AMORTIZATION	B	-134,258	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.10
45.11	2010 PREMIUM AMORTIZATION	B	-24,133	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.11
45.12	2005 BOND GAIN/LOSS ON INVESTMENT	B	-70,920	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.12
45.13	2005 BOND INTEREST ON INVEST	B	-26,063	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.13
45.14	2010 BOND INTEREST ON INVEST	B	-26,628	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.14
45.15	INTEREST INCOME - UNNECESSARY BORROW	B	-227,744	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.15
45.16	LOSS ON INVESTMENT	B	-12,638	NEW CAP REL COSTS-BLDG & FIXT	1.00 45.16
45.18	GAIN/(LOSS) CIHA	B	-29,361	ADMINISTRATIVE & GENERAL	5.00 45.18
45.21	CAFETERIA GUEST MEALS	A	-79,054	CAFETERIA	11.00 45.21
45.22	HEARING AID COSTS	A	-73,521	AUDIOLOGY	67.01 45.22
45.23	BANK FEES	A	-132,709	ADMINISTRATIVE & GENERAL	5.00 45.23
45.24	LOBBYING EXPENSE-IHHA DUES	A	-1,503	ADMINISTRATIVE & GENERAL	5.00 45.24
45.25	LOBBYING EXPENSE-AHA DUES	A	-4,116	ADMINISTRATIVE & GENERAL	5.00 45.25
45.26	NON-REIMBURSABLE ADVERTISING COSTS	A	-406,517	ADMINISTRATIVE & GENERAL	5.00 45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-4,903,895		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150104

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

worksheet A-8

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
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
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	HOSPITAL ADMINISTRAT CONTRIBUTIONS	0	33.00
35.00	LEASE INCOME	10	35.00
36.00	MEDICAL STAFF FEES	0	36.00
37.00	EDUCATION PROGRAMS	0	37.00
38.00	PATIENT ACCOUNTS	0	38.00
40.00	MEALS ON WHEELS	0	40.00
41.00	PHARMACY OTHER MISCELLANEOUS INCOME	0	41.00
42.00	MEDICAL RECORDS	0	42.00
43.00	DIALYSIS CENTER RENT	0	43.00
44.00	OB CLASS	0	44.00
45.00	X-RAY FEES	0	45.00
45.01	RENTAL REVENUE	11	45.01
45.02	RENTAL INCOME ANSON	0	45.02
45.03	DERMATOLOGY CLINIC RENT	0	45.03
45.05	SURGERY CLINIC RENT	0	45.05
45.06	UROLOGY CLINIC RENT	0	45.06
45.07	GASTROENTEROLOGY CLINIC RENT	0	45.07
45.08	NEUROLOGY CLINIC RENT	0	45.08
45.09	AMBULANCE	0	45.09
45.10	2005 PREMIUM AMORTIZATION	14	45.10
45.11	2010 PREMIUM AMORTIZATION	14	45.11
45.12	2005 BOND GAIN/LOSS ON INVESTMENT	11	45.12
45.13	2005 BOND INTEREST ON INVEST	11	45.13
45.14	2010 BOND INTEREST ON INVEST	11	45.14
45.15	INTEREST INCOME - UNNECESSARY BORROW	11	45.15
45.16	LOSS ON INVESTMENT	11	45.16
45.18	GAIN/(LOSS) CIHA	0	45.18
45.21	CAFETERIA GUEST MEALS	0	45.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 150104

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

Worksheet A-8

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.22	HEARING AID COSTS	0	45.22
45.23	BANK FEES	0	45.23
45.24	LOBBYING EXPENSE-IHHA DUES	0	45.24
45.25	LOBBYING EXPENSE-AHA DUES	0	45.25
45.26	NON-REIMBURSABLE ADVERTISING COSTS	0	45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150104

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2012 4:38 pm

	1.00	2.00	3.00	4.00	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	902,417	902,417	1.00
2.00	40.00	SUBPROVIDER - IPF	55,504	0	2.00
3.00	60.00	LABORATORY	251,000	251,000	3.00
4.00	67.00	OCCUPATIONAL THERAPY	5,252	5,252	4.00
5.00	67.01	AUDIOLOGY	-945	-945	5.00
6.00	91.00	EMERGENCY	300,000	300,000	6.00
7.00	95.00	AMBULANCE SERVICES	1,182,457	1,182,457	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			2,695,685	2,640,181	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150104

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

worksheet A-8-2

Date/Time Prepared:
5/21/2012 4:38 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	55,504	154,100	375	27,782	1,389	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	0	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	55,504		375	27,782	1,389	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150104

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

worksheet A-8-2

Date/Time Prepared:
5/21/2012 4:38 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	27,782	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	0	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	27,782	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150104

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

worksheet A-8-2

Date/Time Prepared:
5/21/2012 4:38 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	902,417	1.00
2.00	27,722	27,722	2.00
3.00	0	251,000	3.00
4.00	0	5,252	4.00
5.00	0	-945	5.00
6.00	0	300,000	6.00
7.00	0	1,182,457	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	27,722	2,667,903	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,139,961	6,139,961			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,874,519		3,874,519		2.00
4.00	EMPLOYEE BENEFITS	8,810,308	13,964	8,812	8,833,084	4.00
5.00	ADMINISTRATIVE & GENERAL	9,223,104	446,269	281,610	1,100,044	5.00
7.00	OPERATION OF PLANT	2,445,549	584,660	368,940	123,803	7.00
8.00	LAUNDRY & LINEN SERVICE	356,878	0	0	5,307	8.00
9.00	HOUSEKEEPING	441,901	67,324	42,484	81,167	9.00
10.00	DIETARY	370,587	150,700	95,096	63,736	10.00
11.00	CAFETERIA	314,500	0	0	76,438	11.00
13.00	NURSING ADMINISTRATION	486,354	0	0	121,709	13.00
15.00	PHARMACY	814,182	46,522	29,357	103,100	15.00
16.00	MEDICAL RECORDS & LIBRARY	907,393	73,490	46,375	199,969	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,892,519	488,808	308,454	666,901	30.00
31.00	INTENSIVE CARE UNIT	1,005,565	134,240	84,710	230,095	31.00
40.00	SUBPROVIDER - IPF	1,046,764	153,699	96,989	253,220	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	36,195	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,884,461	390,125	246,182	400,852	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	3,123,713	477,124	301,081	268,269	54.00
55.00	RADIOLOGY-THERAPEUTIC	-23,214	0	0	0	55.00
55.01	ULTRA SOUND	518,138	0	0	66,092	55.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	425,293	0	0	30,179	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	718,278	40,932	25,829	73,484	58.00
59.00	CARDIAC CATHETERIZATION	484,515	34,502	21,772	33,942	59.00
60.00	LABORATORY	4,631,142	222,511	140,412	485,753	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	312,107	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	1,030,984	215,361	135,900	241,627	66.00
67.00	OCCUPATIONAL THERAPY	541,344	0	0	84,123	67.00
67.01	AUDIOLOGY	162,107	0	0	26,681	67.01
68.00	SPEECH PATHOLOGY	66,890	0	0	11,478	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	CARDIOLOGY	879,526	22,193	14,005	199,935	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	490,495	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,906,543	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,323,117	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	310,387	91,701	57,866	44,349	90.01
90.02	CLINIC	0	147,437	93,037	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	90.03
90.04	ENT CLINIC	126	0	0	0	90.04
90.05	SURGERY CLINIC	-2,212	0	0	0	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	0	0	90.07
90.08	PODIATRY CLINIC	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0	3,555	90.09
90.10	PULMONARY CLINIC	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	-3,323	0	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	90.12
90.13	ALLERGY CLINIC	115,252	0	0	21,199	90.13
90.14	WOUND CARE	356,566	84,071	53,052	51,817	90.14
91.00	EMERGENCY	3,601,016	589,411	371,938	507,547	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				2.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	246,511	114,206	72,068	321,450	754,235	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,266,041	4,589,250	2,895,969	5,897,821	58,801,517	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,972	9,448	0	24,420	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	14,153,510	999,257	630,564	2,926,405	18,709,736	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUTIQUE	0	43,571	27,495	0	71,066	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	129,361	492,911	311,043	8,858	942,173	194.02
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)	78,548,912	6,139,961	3,874,519	8,833,084	78,548,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

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

worksheet B
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	11,051,027					5.00
7.00	OPERATION OF PLANT	576,545	4,099,497				7.00
8.00	LAUNDRY & LINEN SERVICE	59,273	0	421,458			8.00
9.00	HOUSEKEEPING	103,573	62,581	0	799,030		9.00
10.00	DIETARY	111,304	140,082	0	49,543	981,048	10.00
11.00	CAFETERIA	63,979	0	0	16,518	0	11.00
13.00	NURSING ADMINISTRATION	99,512	0	0	7,469	0	13.00
15.00	PHARMACY	162,535	43,245	0	15,082	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	200,841	68,313	0	33,036	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	712,988	454,370	24,496	250,964	620,992	30.00
31.00	INTENSIVE CARE UNIT	238,053	124,783	5,019	66,647	120,242	31.00
40.00	SUBPROVIDER - IPF	253,774	142,870	4,029	79,252	218,488	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	5,923	0	1,678	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	805,443	362,639	61,709	14,794	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	682,468	443,508	36,094	66,934	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	ULTRA SOUND	95,612	0	11,171	4,309	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	74,540	0	44,941	6,607	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	140,501	38,048	23,854	6,320	0	58.00
59.00	CARDIAC CATHETERIZATION	94,057	32,071	8,829	0	0	59.00
60.00	LABORATORY	896,794	206,834	76,604	28,296	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	51,078	0	2,062	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	1,976	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	265,753	200,188	10,107	10,198	0	66.00
67.00	OCCUPATIONAL THERAPY	102,360	0	1,757	4,884	0	67.00
67.01	AUDIOLOGY	30,896	0	1,143	3,591	0	67.01
68.00	SPEECH PATHOLOGY	12,825	0	395	2,155	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIOLOGY	182,582	20,630	17,460	21,689	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,271	0	6,730	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	312,013	0	9,743	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	216,533	0	20,457	15,656	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	82,531	85,240	0	38,494	0	90.01
90.02	CLINIC	39,355	137,049	111	56,592	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04	ENT CLINIC	21	0	0	0	0	90.04
90.05	SURGERY CLINIC	0	0	0	0	0	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	199	0	0	90.07
90.08	PODIATRY CLINIC	0	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	582	0	0	0	0	90.09
90.10	PULMONARY CLINIC	0	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	0	1,393	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13	ALLERGY CLINIC	22,331	0	899	0	0	90.13
90.14	WOUND CARE	89,274	78,148	3,065	0	0	90.14
91.00	EMERGENCY	829,711	547,884	36,002	0	21,326	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	123,434	39,252	9,535	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,819,265	3,227,735	421,458	799,030	981,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,996	13,917	0	0	0	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	3,061,946	817,344	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUQUIN	11,630	40,501	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	154,190	0	0	0	0	194.02
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)	11,051,027	4,099,497	421,458	799,030	981,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

Period:
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Cost Center Description		CAFETERIA	NURSING	PHARMACY	MEDICAL	Subtotal	
		11.00	ADMINISTRATION 13.00	15.00	RECORDS & LIBRARY 16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	471,435					11.00
13.00	NURSING ADMINISTRATION	9,121	724,165				13.00
15.00	PHARMACY	18,243	0	1,232,266			15.00
16.00	MEDICAL RECORDS & LIBRARY	36,966	0	6	1,566,389		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	124,340	180,000	5,077	384,928	7,114,837	30.00
31.00	INTENSIVE CARE UNIT	10,082	49,927	1,160	80,034	2,150,557	31.00
40.00	SUBPROVIDER - IPF	15,843	80,758	209	95,279	2,441,174	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	43,796	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,042	111,310	56,987	138,155	6,483,699	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	13,442	0	4,579	369,683	5,786,895	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	-23,214	55.00
55.01	ULTRA SOUND	1,440	0	682	40,017	737,461	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	1,920	0	4,028	45,734	633,242	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	4,801	0	22,436	24,773	1,119,256	58.00
59.00	CARDIAC CATHETERIZATION	0	8,655	81	0	718,424	59.00
60.00	LABORATORY	39,366	0	0	38,112	6,765,824	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	365,247	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	1,976	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	19,683	54,244	1,936	74,318	2,260,299	66.00
67.00	OCCUPATIONAL THERAPY	8,161	18,512	27,902	32,395	821,438	67.00
67.01	AUDIOLOGY	8,641	8,852	0	0	241,911	67.01
68.00	SPEECH PATHOLOGY	9,121	2,823	0	0	105,687	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIOLOGY	19,683	48,361	3,305	71,459	1,500,828	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,082	0	0	0	587,578	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,228,299	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,575,763	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	16,323	20,033	434	160,069	907,427	90.01
90.02	CLINIC	0	0	51,435	0	525,016	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04	ENT CLINIC	0	0	0	0	147	90.04
90.05	SURGERY CLINIC	0	0	78	0	-2,134	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	887	0	1,086	90.07
90.08	PODIATRY CLINIC	0	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	1,195	0	0	5,332	90.09
90.10	PULMONARY CLINIC	0	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	0	337	0	-1,593	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13	ALLERGY CLINIC	0	6,080	664	0	166,425	90.13
90.14	WOUND CARE	0	15,270	4,554	0	735,817	90.14
91.00	EMERGENCY	30,725	115,603	142,806	0	6,793,969	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	62,410	0	13,572	0	1,002,438	95.00
99.10	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
	11.00	13.00	15.00	16.00	24.00	
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	471,435	721,623	343,155	1,554,956	53,794,907	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,333	190.00
190.01 EYE INSTITUTE	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,149	889,111	11,433	23,491,719	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01 CAFE/BOUTIQUE	0	393	0	0	123,590	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,096,363	194.02
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)	471,435	724,165	1,232,266	1,566,389	78,548,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150104

Period:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	7,114,837	30.00
31.00	INTENSIVE CARE UNIT	0	2,150,557	31.00
40.00	SUBPROVIDER - IPF	0	2,441,174	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	43,796	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	6,483,699	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	5,786,895	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	-23,214	55.00
55.01	ULTRA SOUND	0	737,461	55.01
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	633,242	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,119,256	58.00
59.00	CARDIAC CATHETERIZATION	0	718,424	59.00
60.00	LABORATORY	0	6,765,824	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	365,247	63.00
64.00	INTRAVENOUS THERAPY	0	1,976	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,260,299	66.00
67.00	OCCUPATIONAL THERAPY	0	821,438	67.00
67.01	AUDIOLOGY	0	241,911	67.01
68.00	SPEECH PATHOLOGY	0	105,687	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	CARDIOLOGY	0	1,500,828	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	587,578	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,228,299	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,575,763	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	907,427	90.01
90.02	CLINIC	0	525,016	90.02
90.03	DERMATOLOGY CLINIC	0	0	90.03
90.04	ENT CLINIC	0	147	90.04
90.05	SURGERY CLINIC	0	-2,134	90.05
90.06	CARDIOLOGY CLINIC	0	0	90.06
90.07	UROLOGY CLINIC	0	1,086	90.07
90.08	PODIATRY CLINIC	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	5,332	90.09
90.10	PULMONARY CLINIC	0	0	90.10
90.11	NEUROLOGY CLINIC	0	-1,593	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	90.12
90.13	ALLERGY CLINIC	0	166,425	90.13
90.14	WOUND CARE	0	735,817	90.14
91.00	EMERGENCY	0	6,793,969	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	1,002,438	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	CORF	25.00	26.00	99.10
SPECIAL PURPOSE COST CENTERS				
106.00	HEART ACQUISITION	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	53,794,907	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,333	190.00
190.01	EYE INSTITUTE	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	23,491,719	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	194.00
194.01	CAFE/BOUIQUE	0	123,590	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	1,096,363	194.02
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	78,548,912	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	13,964	8,812	22,776	22,776 4.00
5.00	ADMINISTRATIVE & GENERAL	0	446,269	281,610	727,879	2,837 5.00
7.00	OPERATION OF PLANT	0	584,660	368,940	953,600	319 7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	14 8.00
9.00	HOUSEKEEPING	0	67,324	42,484	109,808	209 9.00
10.00	DIETARY	0	150,700	95,096	245,796	164 10.00
11.00	CAFETERIA	0	0	0	0	197 11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	314 13.00
15.00	PHARMACY	0	46,522	29,357	75,879	266 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	73,490	46,375	119,865	516 16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	488,808	308,454	797,262	1,720 30.00
31.00	INTENSIVE CARE UNIT	0	134,240	84,710	218,950	593 31.00
40.00	SUBPROVIDER - IPF	0	153,699	96,989	250,688	653 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
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	390,125	246,182	636,307	1,034 50.00
51.00	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	477,124	301,081	778,205	692 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	ULTRA SOUND	0	0	0	0	170 55.01
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	0	0	0	0	78 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	40,932	25,829	66,761	189 58.00
59.00	CARDIAC CATHETERIZATION	0	34,502	21,772	56,274	88 59.00
60.00	LABORATORY	0	222,511	140,412	362,923	1,253 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	PHYSICAL THERAPY	0	215,361	135,900	351,261	623 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	217 67.00
67.01	AUDIOLOGY	0	0	0	0	69 67.01
68.00	SPEECH PATHOLOGY	0	0	0	0	30 68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	CARDIOLOGY	0	22,193	14,005	36,198	516 69.01
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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	0	0	0	0	0 90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	91,701	57,866	149,567	114 90.01
90.02	CLINIC	0	147,437	93,037	240,474	0 90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	0 90.03
90.04	ENT CLINIC	0	0	0	0	0 90.04
90.05	SURGERY CLINIC	0	0	0	0	0 90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	0 90.06
90.07	UROLOGY CLINIC	0	0	0	0	0 90.07
90.08	PODIATRY CLINIC	0	0	0	0	0 90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0	0	9 90.09
90.10	PULMONARY CLINIC	0	0	0	0	0 90.10
90.11	NEUROLOGY CLINIC	0	0	0	0	0 90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	0 90.12
90.13	ALLERGY CLINIC	0	0	0	0	55 90.13
90.14	WOUND CARE	0	84,071	53,052	137,123	134 90.14
91.00	EMERGENCY	0	589,411	371,938	961,349	1,309 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

Period:
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To 12/31/2011

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	2.00				2A
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	114,206	72,068	186,274	829	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,589,250	2,895,969	7,485,219	15,211	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,972	9,448	24,420	0	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	999,257	630,564	1,629,821	7,542	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUTIQUE	0	43,571	27,495	71,066	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	492,911	311,043	803,954	23	194.02
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	6,139,961	3,874,519	10,014,480	22,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	730,716					5.00
7.00 OPERATION OF PLANT	38,122	992,041				7.00
8.00 LAUNDRY & LINEN SERVICE	3,919	0	3,933			8.00
9.00 HOUSEKEEPING	6,848	15,144	0	132,009		9.00
10.00 DIETARY	7,360	33,899	0	8,185	295,404	10.00
11.00 CAFETERIA	4,230	0	0	2,729	0	11.00
13.00 NURSING ADMINISTRATION	6,580	0	0	1,234	0	13.00
15.00 PHARMACY	10,747	10,465	0	2,492	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	13,280	16,531	0	5,458	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	47,144	109,953	234	41,461	186,988	30.00
31.00 INTENSIVE CARE UNIT	15,740	30,196	48	11,011	36,206	31.00
40.00 SUBPROVIDER - IPF	16,780	34,573	38	13,093	65,789	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	392	0	16	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	53,257	87,755	590	2,444	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	45,126	107,325	345	11,058	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 ULTRA SOUND	6,322	0	107	712	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	4,929	0	429	1,092	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	9,290	9,207	228	1,044	0	58.00
59.00 CARDIAC CATHETERIZATION	6,219	7,761	84	0	0	59.00
60.00 LABORATORY	59,297	50,052	638	4,675	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	3,377	0	20	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	19	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	17,572	48,444	97	1,685	0	66.00
67.00 OCCUPATIONAL THERAPY	6,768	0	17	807	0	67.00
67.01 AUDIOLOGY	2,043	0	11	593	0	67.01
68.00 SPEECH PATHOLOGY	848	0	4	356	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOLOGY	12,073	4,992	167	3,583	0	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,308	0	64	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	20,631	0	93	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	14,317	0	195	2,587	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	5,457	20,627	0	6,360	0	90.01
90.02 CLINIC	2,602	33,165	1	9,350	0	90.02
90.03 DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04 ENT CLINIC	1	0	0	0	0	90.04
90.05 SURGERY CLINIC	0	0	0	0	0	90.05
90.06 RADIOLOGY CLINIC	0	0	0	0	0	90.06
90.07 UROLOGY CLINIC	0	0	2	0	0	90.07
90.08 PODIATRY CLINIC	0	0	0	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	38	0	0	0	0	90.09
90.10 PULMONARY CLINIC	0	0	0	0	0	90.10
90.11 NEUROLOGY CLINIC	0	0	13	0	0	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13 ALLERGY CLINIC	1,477	0	9	0	0	90.13
90.14 WOUND CARE	5,903	18,911	29	0	0	90.14
91.00 EMERGENCY	54,862	132,583	344	0	6,421	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	8,162	9,499	91	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		ADMINISTRATIVE	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
		& GENERAL	PLANT	LINEN SERVICE			
		5.00	7.00	8.00	9.00	10.00	
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	517,021	781,082	3,933	132,009	295,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	264	3,368	0	0	0	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	202,467	197,790	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUTIQUE	769	9,801	0	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	10,195	0	0	0	0	194.02
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)	730,716	992,041	3,933	132,009	295,404	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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

Worksheet B
Part II
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Cost Center Description		CAFETERIA	NURSING	PHARMACY	MEDICAL	Subtotal	
		11.00	ADMINISTRATION 13.00	15.00	RECORDS & LIBRARY 16.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	7,156					11.00
13.00	NURSING ADMINISTRATION	138	8,266				13.00
15.00	PHARMACY	277	0	100,126			15.00
16.00	MEDICAL RECORDS & LIBRARY	561	0	0	156,211		16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,888	2,054	413	38,388	1,227,505	30.00
31.00	INTENSIVE CARE UNIT	153	570	94	7,982	321,543	31.00
40.00	SUBPROVIDER - IPF	240	922	17	9,502	392,295	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	408	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	168	1,271	4,630	13,778	801,234	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	204	0	372	36,867	980,194	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	ULTRA SOUND	22	0	55	3,991	11,379	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	29	0	327	4,561	11,445	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	73	0	1,823	2,470	91,085	58.00
59.00	CARDIAC CATHETERIZATION	0	99	7	0	70,532	59.00
60.00	LABORATORY	598	0	0	3,801	483,237	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	3,397	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	19	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	299	619	157	7,411	428,168	66.00
67.00	OCCUPATIONAL THERAPY	124	211	2,267	3,231	13,642	67.00
67.01	AUDIOLOGY	131	101	0	0	2,948	67.01
68.00	SPEECH PATHOLOGY	138	32	0	0	1,408	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIOLOGY	299	552	269	7,126	65,775	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	153	0	0	0	5,525	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	20,724	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,099	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	248	229	35	15,963	198,600	90.01
90.02	CLINIC	0	0	4,179	0	289,771	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04	ENT CLINIC	0	0	0	0	1	90.04
90.05	SURGERY CLINIC	0	0	6	0	6	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	72	0	74	90.07
90.08	PODIATRY CLINIC	0	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	14	0	0	61	90.09
90.10	PULMONARY CLINIC	0	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	0	27	0	40	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13	ALLERGY CLINIC	0	69	54	0	1,664	90.13
90.14	WOUND CARE	0	174	370	0	162,644	90.14
91.00	EMERGENCY	466	1,320	11,604	0	1,170,258	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	947	0	1,103	0	206,905	95.00
99.10	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	
		11.00	13.00	15.00	16.00	24.00	
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,156	8,237	27,881	155,071	6,979,586	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	28,052	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	25	72,245	1,140	2,111,030	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUTIQUE	0	4	0	0	81,640	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	814,172	194.02
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)	7,156	8,266	100,126	156,211	10,014,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	1,227,505	30.00
31.00	INTENSIVE CARE UNIT	0	321,543	31.00
40.00	SUBPROVIDER - IPF	0	392,295	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	408	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	801,234	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	980,194	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	ULTRA SOUND	0	11,379	55.01
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	11,445	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	91,085	58.00
59.00	CARDIAC CATHETERIZATION	0	70,532	59.00
60.00	LABORATORY	0	483,237	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	3,397	63.00
64.00	INTRAVENOUS THERAPY	0	19	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	428,168	66.00
67.00	OCCUPATIONAL THERAPY	0	13,642	67.00
67.01	AUDIOLOGY	0	2,948	67.01
68.00	SPEECH PATHOLOGY	0	1,408	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
69.01	CARDIOLOGY	0	65,775	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,525	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	20,724	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	17,099	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	198,600	90.01
90.02	CLINIC	0	289,771	90.02
90.03	DERMATOLOGY CLINIC	0	0	90.03
90.04	ENT CLINIC	0	1	90.04
90.05	SURGERY CLINIC	0	6	90.05
90.06	CARDIOLOGY CLINIC	0	0	90.06
90.07	UROLOGY CLINIC	0	74	90.07
90.08	PODIATRY CLINIC	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	61	90.09
90.10	PULMONARY CLINIC	0	0	90.10
90.11	NEUROLOGY CLINIC	0	40	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	90.12
90.13	ALLERGY CLINIC	0	1,664	90.13
90.14	WOUND CARE	0	162,644	90.14
91.00	EMERGENCY	0	1,170,258	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	206,905	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150104

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
99.10	CORF	25.00	26.00	99.10
SPECIAL PURPOSE COST CENTERS				
106.00	HEART ACQUISITION	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,979,586	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,052	190.00
190.01	EYE INSTITUTE	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,111,030	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	194.00
194.01	CAFE/BOUTIQUE	0	81,640	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	814,172	194.02
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	10,014,480	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150104

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)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	255,907				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		255,907			2.00
4.00	EMPLOYEE BENEFITS	582	582	32,217,169		4.00
5.00	ADMINISTRATIVE & GENERAL	18,600	18,600	4,012,227	-11,051,027	5.00
7.00	OPERATION OF PLANT	24,368	24,368	451,552	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	19,358	0	8.00
9.00	HOUSEKEEPING	2,806	2,806	296,043	0	9.00
10.00	DIETARY	6,281	6,281	232,466	0	10.00
11.00	CAFETERIA	0	0	278,794	0	11.00
13.00	NURSING ADMINISTRATION	0	0	443,913	0	13.00
15.00	PHARMACY	1,939	1,939	376,039	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,063	3,063	729,353	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	20,373	20,373	2,432,408	0	30.00
31.00	INTENSIVE CARE UNIT	5,595	5,595	839,234	0	31.00
40.00	SUBPROVIDER - IPF	6,406	6,406	923,578	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	16,260	16,260	1,462,040	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	19,886	19,886	978,466	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	23,214	55.00
55.01	ULTRA SOUND	0	0	241,061	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	110,074	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,706	1,706	268,022	0	58.00
59.00	CARDIAC CATHETERIZATION	1,438	1,438	123,799	0	59.00
60.00	LABORATORY	9,274	9,274	1,771,704	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	312,107	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	8,976	8,976	881,293	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	306,824	0	67.00
67.01	AUDIOLOGY	0	0	97,315	0	67.01
68.00	SPEECH PATHOLOGY	0	0	41,864	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	CARDIOLOGY	925	925	729,228	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	490,495	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,906,543	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	1,323,117	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	3,822	3,822	161,754	0	90.01
90.02	CLINIC	6,145	6,145	0	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	90.03
90.04	ENT CLINIC	0	0	0	126	90.04
90.05	SURGERY CLINIC	0	0	0	2,212	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	0	0	90.07
90.08	PODIATRY CLINIC	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	12,967	0	90.09
90.10	PULMONARY CLINIC	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	0	0	3,323	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	90.12
90.13	ALLERGY CLINIC	0	0	77,320	0	90.13
90.14	WOUND CARE	3,504	3,504	188,995	0	90.14
91.00	EMERGENCY	24,566	24,566	1,851,193	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150104

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

worksheet B-1

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	4,760	4,760	1,172,435	0	754,235	95.00
99.10	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	191,275	191,275	21,511,319	-11,022,278	47,779,239	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	624	624	0	0	24,420	190.00
190.01	EYE INSTITUTE	0	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	41,648	41,648	10,673,541	0	18,709,736	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01	CAFE/BOUTIQUE	1,816	1,816	0	0	71,066	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	20,544	20,544	32,309	0	942,173	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per wkst. B, Part I)	6,139,961	3,874,519	8,833,084		11,051,027	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	23.992939	15.140340	0.274173		0.163654	203.00
204.00	Cost to be allocated (per wkst. B, Part II)			22,776		730,716	204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.000707		0.010821	205.00

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (GROSS CHARGES)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	183,813					7.00
8.00 LAUNDRY & LINEN SERVICE	0	201,318,553				8.00
9.00 HOUSEKEEPING	2,806	0	139,073			9.00
10.00 DIETARY	6,281	0	8,623	29,258		10.00
11.00 CAFETERIA	0	0	2,875	0	982	11.00
13.00 NURSING ADMINISTRATION	0	0	1,300	0	0	13.00
15.00 PHARMACY	1,939	0	2,625	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,063	0	5,750	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,373	11,703,560	43,681	18,520	259	30.00
31.00 INTENSIVE CARE UNIT	5,595	2,398,180	11,600	3,586	21	31.00
40.00 SUBPROVIDER - IPF	6,406	1,924,904	13,794	6,516	33	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	801,485	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	16,260	29,483,279	2,575	0	23	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	19,886	17,245,290	11,650	0	28	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 ULTRA SOUND	0	5,337,434	750	0	3	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	21,472,247	1,150	0	4	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,706	11,396,892	1,100	0	10	58.00
59.00 CARDIAC CATHETERIZATION	1,438	4,218,460	0	0	0	59.00
60.00 LABORATORY	9,274	36,553,209	4,925	0	82	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	985,129	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	944,025	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	8,976	4,828,720	1,775	0	41	66.00
67.00 OCCUPATIONAL THERAPY	0	839,570	850	0	17	67.00
67.01 AUDIOLOGY	0	546,178	625	0	18	67.01
68.00 SPEECH PATHOLOGY	0	188,921	375	0	19	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOLOGY	925	8,342,154	3,775	0	41	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,215,262	0	0	21	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,655,163	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,773,780	2,725	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	3,822	0	6,700	0	34	90.01
90.02 CLINIC	6,145	53,251	9,850	0	0	90.02
90.03 DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04 ENT CLINIC	0	0	0	0	0	90.04
90.05 SURGERY CLINIC	0	0	0	0	0	90.05
90.06 RADIOLOGY CLINIC	0	0	0	0	0	90.06
90.07 UROLOGY CLINIC	0	94,938	0	0	0	90.07
90.08 PODIATRY CLINIC	0	0	0	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.09
90.10 PULMONARY CLINIC	0	0	0	0	0	90.10
90.11 NEUROLOGY CLINIC	0	665,755	0	0	0	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13 ALLERGY CLINIC	0	429,612	0	0	0	90.13
90.14 WOUND CARE	3,504	1,464,292	0	0	0	90.14
91.00 EMERGENCY	24,566	17,201,115	0	636	64	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,760	4,555,748	0	0	130	95.00
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150104

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (GROSS CHARGES)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	144,725	201,318,553	139,073	29,258	982	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	624	0	0	0	0	190.00
190.01 EYE INSTITUTE	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	36,648	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 THORNTOWN OFFICE BUILDING	0	0	0	0	0	194.00
194.01 CAFE/BOUTIQUE	1,816	0	0	0	0	194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	4,099,497	421,458	799,030	981,048	471,435	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	22.302541	0.002093	5.745400	33.530932	480.076375	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	992,041	3,933	132,009	295,404	7,156	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	5.397012	0.000020	0.949207	10.096521	7.287169	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150104

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION	339,358			13.00
15.00	PHARMACY	0	819,905		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	4	41,100	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	84,351	3,378	10,100	30.00
31.00	INTENSIVE CARE UNIT	23,397	772	2,100	31.00
40.00	SUBPROVIDER - IPF	37,845	139	2,500	40.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	52,162	37,917	3,625	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,047	9,700	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	ULTRA SOUND	0	454	1,050	55.01
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	2,680	1,200	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	14,928	650	58.00
59.00	CARDIAC CATHETERIZATION	4,056	54	0	59.00
60.00	LABORATORY	0	0	1,000	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	65.00
66.00	PHYSICAL THERAPY	25,420	1,288	1,950	66.00
67.00	OCCUPATIONAL THERAPY	8,675	18,565	850	67.00
67.01	AUDIOLOGY	4,148	0	0	67.01
68.00	SPEECH PATHOLOGY	1,323	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	CARDIOLOGY	22,663	2,199	1,875	69.01
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
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	9,388	289	4,200	90.01
90.02	CLINIC	0	34,223	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	90.03
90.04	ENT CLINIC	0	0	0	90.04
90.05	SURGERY CLINIC	0	52	0	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	90.06
90.07	UROLOGY CLINIC	0	590	0	90.07
90.08	PODIATRY CLINIC	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	560	0	0	90.09
90.10	PULMONARY CLINIC	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	224	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	90.12
90.13	ALLERGY CLINIC	2,849	442	0	90.13
90.14	WOUND CARE	7,156	3,030	0	90.14
91.00	EMERGENCY	54,174	95,018	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0	9,030	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150104

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

Worksheet B-1

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		NURSING ADMINISTRATION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		(DIRECT NRSING HRS) 13.00	15.00	16.00	
99.10	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
106.00	HEART ACQUISITION	0	0	0	106.00
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	338,167	228,323	40,800	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	EYE INSTITUTE	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	1,007	591,582	300	192.00
193.00	NONPAID WORKERS	0	0	0	193.00
194.00	THORNTOWN OFFICE BUILDING	0	0	0	194.00
194.01	CAFE/BOUTIQUE	184	0	0	194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.02
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)	724,165	1,232,266	1,566,389	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	2.133926	1.502938	38.111655	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	8,266	100,126	156,211	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.024358	0.122119	3.800754	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150104

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 4:38 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	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		7,114,837	0	7,114,837	30.00
31.00	INTENSIVE CARE UNIT		2,150,557	0	2,150,557	31.00
40.00	SUBPROVIDER - IPF		2,441,174	27,722	2,468,896	40.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		43,796	0	43,796	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		6,483,699	0	6,483,699	50.00
51.00	RECOVERY ROOM		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC		5,786,895	0	5,786,895	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	ULTRA SOUND		737,461	0	737,461	55.01
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		633,242	0	633,242	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,119,256	0	1,119,256	58.00
59.00	CARDIAC CATHETERIZATION		718,424	0	718,424	59.00
60.00	LABORATORY		6,765,824	0	6,765,824	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		365,247	0	365,247	63.00
64.00	INTRAVENOUS THERAPY		1,976	0	1,976	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,260,299	0	2,260,299	66.00
67.00	OCCUPATIONAL THERAPY	0	821,438	0	821,438	67.00
67.01	AUDIOLOGY	0	241,911	0	241,911	67.01
68.00	SPEECH PATHOLOGY	0	105,687	0	105,687	68.00
69.00	ELECTROCARDIOLOGY		0	0	0	69.00
69.01	CARDIOLOGY		1,500,828	0	1,500,828	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		587,578	0	587,578	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,228,299	0	2,228,299	72.00
73.00	DRUGS CHARGED TO PATIENTS		1,575,763	0	1,575,763	73.00
74.00	RENAL DIALYSIS		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER		907,427	0	907,427	90.01
90.02	CLINIC		525,016	0	525,016	90.02
90.03	DERMATOLOGY CLINIC		0	0	0	90.03
90.04	ENT CLINIC		147	0	147	90.04
90.05	SURGERY CLINIC		0	0	0	90.05
90.06	CARDIOLOGY CLINIC		0	0	0	90.06
90.07	UROLOGY CLINIC		1,086	0	1,086	90.07
90.08	PODIATRY CLINIC		0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC		5,332	0	5,332	90.09
90.10	PULMONARY CLINIC		0	0	0	90.10
90.11	NEUROLOGY CLINIC		0	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC		0	0	0	90.12
90.13	ALLERGY CLINIC		166,425	0	166,425	90.13
90.14	WOUND CARE		735,817	0	735,817	90.14
91.00	EMERGENCY		6,793,969	0	6,793,969	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,612,344	0	1,612,344	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,002,438	0	1,002,438	95.00
99.10	CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION		0	0	0	106.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		55,434,192	27,722	55,461,914	200.00
201.00	Less Observation Beds		1,612,344	0	1,612,344	201.00
202.00	Total (see instructions)		53,821,848	27,722	53,849,570	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150104

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,000,450		9,000,450			30.00
31.00 INTENSIVE CARE UNIT	2,398,180		2,398,180			31.00
40.00 SUBPROVIDER - IPF	1,924,904		1,924,904			40.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	801,485		801,485			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,915,176	26,568,103	29,483,279	0.219911	0.000000	50.00
51.00 RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,277,157	15,968,133	17,245,290	0.335564	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01 ULTRA SOUND	451,675	4,885,759	5,337,434	0.138168	0.000000	55.01
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00 CT SCAN	3,020,836	18,451,411	21,472,247	0.029491	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	780,120	10,616,772	11,396,892	0.098207	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	1,610,725	2,607,735	4,218,460	0.170305	0.000000	59.00
60.00 LABORATORY	7,485,851	29,067,358	36,553,209	0.185095	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	469,690	515,439	985,129	0.370761	0.000000	63.00
64.00 INTRAVENOUS THERAPY	378,953	565,072	944,025	0.002093	0.000000	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00 PHYSICAL THERAPY	511,927	4,316,793	4,828,720	0.468095	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	183,450	656,120	839,570	0.978403	0.000000	67.00
67.01 AUDIOLOGY	0	546,178	546,178	0.442916	0.000000	67.01
68.00 SPEECH PATHOLOGY	27,021	161,900	188,921	0.559424	0.000000	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01 CARDIOLOGY	3,212,012	5,130,142	8,342,154	0.179909	0.000000	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,512,324	1,702,938	3,215,262	0.182747	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,807,978	847,185	4,655,163	0.478673	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,265,992	4,507,788	9,773,780	0.161223	0.000000	73.00
74.00 RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	90.01
90.02 CLINIC	0	53,251	53,251	9.859270	0.000000	90.02
90.03 DERMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.03
90.04 ENT CLINIC	0	0	0	0.000000	0.000000	90.04
90.05 SURGERY CLINIC	0	0	0	0.000000	0.000000	90.05
90.06 CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000	90.06
90.07 UROLOGY CLINIC	0	94,938	94,938	0.011439	0.000000	90.07
90.08 PODIATRY CLINIC	0	0	0	0.000000	0.000000	90.08
90.09 GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.09
90.10 PULMONARY CLINIC	0	0	0	0.000000	0.000000	90.10
90.11 NEUROLOGY CLINIC	0	665,755	665,755	0.000000	0.000000	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0	0.000000	0.000000	90.12
90.13 ALLERGY CLINIC	0	429,612	429,612	0.387384	0.000000	90.13
90.14 WOUND CARE	10,825	1,453,467	1,464,292	0.502507	0.000000	90.14
91.00 EMERGENCY	2,218,501	14,982,614	17,201,115	0.394973	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,703,110	2,703,110	0.596477	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	36,333	4,519,415	4,555,748	0.220038	0.000000	95.00
99.10 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
106.00 HEART ACQUISITION	0	0	0			106.00
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE	0	0	0			113.00
200.00 Subtotal (see instructions)	49,301,565	152,016,988	201,318,553			200.00
201.00 Less observation Beds						201.00
202.00 Total (see instructions)	49,301,565	152,016,988	201,318,553			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150104

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
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	0.219911			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	ULTRA SOUND	0.138168			55.01
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.029491			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207			58.00
59.00	CARDIAC CATHETERIZATION	0.170305			59.00
60.00	LABORATORY	0.185095			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761			63.00
64.00	INTRAVENOUS THERAPY	0.002093			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.468095			66.00
67.00	OCCUPATIONAL THERAPY	0.978403			67.00
67.01	AUDIOLOGY	0.442916			67.01
68.00	SPEECH PATHOLOGY	0.559424			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
69.01	CARDIOLOGY	0.179909			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000			90.01
90.02	CLINIC	9.859270			90.02
90.03	DERMATOLOGY CLINIC	0.000000			90.03
90.04	ENT CLINIC	0.000000			90.04
90.05	SURGERY CLINIC	0.000000			90.05
90.06	CARDIOLOGY CLINIC	0.000000			90.06
90.07	UROLOGY CLINIC	0.011439			90.07
90.08	PODIATRY CLINIC	0.000000			90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000			90.09
90.10	PULMONARY CLINIC	0.000000			90.10
90.11	NEUROLOGY CLINIC	0.000000			90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000			90.12
90.13	ALLERGY CLINIC	0.387384			90.13
90.14	WOUND CARE	0.502507			90.14
91.00	EMERGENCY	0.394973			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.220038			95.00
99.10	CORF				99.10
SPECIAL PURPOSE COST CENTERS					
106.00	HEART ACQUISITION				106.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
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: 150104

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2012 4:38 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,114,837		7,114,837	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,150,557		2,150,557	0	0 31.00
40.00	SUBPROVIDER - IPF	2,441,174		2,441,174	0	0 40.00
41.00	SUBPROVIDER - IRF	0		0	0	0 41.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	43,796		43,796	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	6,483,699		6,483,699	0	0 50.00
51.00	RECOVERY ROOM	0		0	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0 52.00
54.00	RADIOLOGY-DIAGNOSTIC	5,786,895		5,786,895	0	0 54.00
55.00	RADIOLOGY-THERAPEUTIC	0		0	0	0 55.00
55.01	ULTRA SOUND	737,461		737,461	0	0 55.01
56.00	RADIOISOTOPE	0		0	0	0 56.00
57.00	CT SCAN	633,242		633,242	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,119,256		1,119,256	0	0 58.00
59.00	CARDIAC CATHETERIZATION	718,424		718,424	0	0 59.00
60.00	LABORATORY	6,765,824		6,765,824	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	365,247		365,247	0	0 63.00
64.00	INTRAVENOUS THERAPY	1,976		1,976	0	0 64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	PHYSICAL THERAPY	2,260,299	0	2,260,299	0	0 66.00
67.00	OCCUPATIONAL THERAPY	821,438	0	821,438	0	0 67.00
67.01	AUDIOLOGY	241,911	0	241,911	0	0 67.01
68.00	SPEECH PATHOLOGY	105,687	0	105,687	0	0 68.00
69.00	ELECTROCARDIOLOGY	0		0	0	0 69.00
69.01	CARDIOLOGY	1,500,828		1,500,828	0	0 69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	587,578		587,578	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,228,299		2,228,299	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	1,575,763		1,575,763	0	0 73.00
74.00	RENAL DIALYSIS	0		0	0	0 74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	CLINIC	0		0	0	0 90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	907,427		907,427	0	0 90.01
90.02	CLINIC	525,016		525,016	0	0 90.02
90.03	DERMATOLOGY CLINIC	0		0	0	0 90.03
90.04	ENT CLINIC	147		147	0	0 90.04
90.05	SURGERY CLINIC	0		0	0	0 90.05
90.06	CARDIOLOGY CLINIC	0		0	0	0 90.06
90.07	UROLOGY CLINIC	1,086		1,086	0	0 90.07
90.08	PODIATRY CLINIC	0		0	0	0 90.08
90.09	GASTROENTEROLOGY CLINIC	5,332		5,332	0	0 90.09
90.10	PULMONARY CLINIC	0		0	0	0 90.10
90.11	NEUROLOGY CLINIC	0		0	0	0 90.11
90.12	OPHTHAMOLOGY CLINIC	0		0	0	0 90.12
90.13	ALLERGY CLINIC	166,425		166,425	0	0 90.13
90.14	WOUND CARE	735,817		735,817	0	0 90.14
91.00	EMERGENCY	6,793,969		6,793,969	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,612,344		1,612,344	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	1,002,438		1,002,438	0	0 95.00
99.10	CORF	0		0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
106.00	HEART ACQUISITION	0		0	0	0 106.00
109.00	PANCREAS ACQUISITION	0		0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0 110.00
111.00	ISLET ACQUISITION	0		0	0	0 111.00
113.00	INTEREST EXPENSE	0		0	0	0 113.00
200.00	Subtotal (see instructions)	55,434,192	0	55,434,192	0	0 200.00
201.00	Less observation Beds	1,612,344		1,612,344	0	0 201.00
202.00	Total (see instructions)	53,821,848	0	53,821,848	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150104			Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/21/2012 4:38 pm	
		Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	9,000,450		9,000,450			30.00	
31.00	INTENSIVE CARE UNIT	2,398,180		2,398,180			31.00	
40.00	SUBPROVIDER - IPF	1,924,904		1,924,904			40.00	
41.00	SUBPROVIDER - IRF	0		0			41.00	
42.00	SUBPROVIDER	0		0			42.00	
43.00	NURSERY	801,485		801,485			43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	2,915,176	26,568,103	29,483,279	0.219911	0.000000	50.00	
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
54.00	RADIOLOGY-DIAGNOSTIC	1,277,157	15,968,133	17,245,290	0.335564	0.000000	54.00	
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
55.01	ULTRA SOUND	451,675	4,885,759	5,337,434	0.138168	0.000000	55.01	
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	CT SCAN	3,020,836	18,451,411	21,472,247	0.029491	0.000000	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	780,120	10,616,772	11,396,892	0.098207	0.000000	58.00	
59.00	CARDIAC CATHETERIZATION	1,610,725	2,607,735	4,218,460	0.170305	0.000000	59.00	
60.00	LABORATORY	7,485,851	29,067,358	36,553,209	0.185095	0.000000	60.00	
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	469,690	515,439	985,129	0.370761	0.000000	63.00	
64.00	INTRAVENOUS THERAPY	378,953	565,072	944,025	0.002093	0.000000	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	PHYSICAL THERAPY	511,927	4,316,793	4,828,720	0.468095	0.000000	66.00	
67.00	OCCUPATIONAL THERAPY	183,450	656,120	839,570	0.978403	0.000000	67.00	
67.01	AUDIOLOGY	0	546,178	546,178	0.442916	0.000000	67.01	
68.00	SPEECH PATHOLOGY	27,021	161,900	188,921	0.559424	0.000000	68.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	CARDIOLOGY	3,212,012	5,130,142	8,342,154	0.179909	0.000000	69.01	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,512,324	1,702,938	3,215,262	0.182747	0.000000	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	3,807,978	847,185	4,655,163	0.478673	0.000000	72.00	
73.00	DRUGS CHARGED TO PATIENTS	5,265,992	4,507,788	9,773,780	0.161223	0.000000	73.00	
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00	
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	90.01	
90.02	CLINIC	0	53,251	53,251	9.859270	0.000000	90.02	
90.03	DERMATOLOGY CLINIC	0	0	0	0.000000	0.000000	90.03	
90.04	ENT CLINIC	0	0	0	0.000000	0.000000	90.04	
90.05	SURGERY CLINIC	0	0	0	0.000000	0.000000	90.05	
90.06	CARDIOLOGY CLINIC	0	0	0	0.000000	0.000000	90.06	
90.07	UROLOGY CLINIC	0	94,938	94,938	0.011439	0.000000	90.07	
90.08	PODIATRY CLINIC	0	0	0	0.000000	0.000000	90.08	
90.09	GASTROENTEROLOGY CLINIC	0	0	0	0.000000	0.000000	90.09	
90.10	PULMONARY CLINIC	0	0	0	0.000000	0.000000	90.10	
90.11	NEUROLOGY CLINIC	0	665,755	665,755	0.000000	0.000000	90.11	
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0.000000	0.000000	90.12	
90.13	ALLERGY CLINIC	0	429,612	429,612	0.387384	0.000000	90.13	
90.14	WOUND CARE	10,825	1,453,467	1,464,292	0.502507	0.000000	90.14	
91.00	EMERGENCY	2,218,501	14,982,614	17,201,115	0.394973	0.000000	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,703,110	2,703,110	0.596477	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	36,333	4,519,415	4,555,748	0.220038	0.000000	95.00	
99.10	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS								
106.00	HEART ACQUISITION	0	0	0			106.00	
109.00	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	ISLET ACQUISITION	0	0	0			111.00	
113.00	INTEREST EXPENSE	0	0	0			113.00	
200.00	Subtotal (see instructions)	49,301,565	152,016,988	201,318,553			200.00	
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	49,301,565	152,016,988	201,318,553			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/21/2012 4:38 pm
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
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
51.00 RECOVERY ROOM	0.000000		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01 ULTRA SOUND	0.000000		55.01
56.00 RADIOISOTOPE	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00 CARDIAC CATHETERIZATION	0.000000		59.00
60.00 LABORATORY	0.000000		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00 INTRAVENOUS THERAPY	0.000000		64.00
65.00 RESPIRATORY THERAPY	0.000000		65.00
66.00 PHYSICAL THERAPY	0.000000		66.00
67.00 OCCUPATIONAL THERAPY	0.000000		67.00
67.01 AUDIOLOGY	0.000000		67.01
68.00 SPEECH PATHOLOGY	0.000000		68.00
69.00 ELECTROCARDIOLOGY	0.000000		69.00
69.01 CARDIOLOGY	0.000000		69.01
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
75.00 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0.000000		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00 CLINIC	0.000000		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		90.01
90.02 CLINIC	0.000000		90.02
90.03 DERMATOLOGY CLINIC	0.000000		90.03
90.04 ENT CLINIC	0.000000		90.04
90.05 SURGERY CLINIC	0.000000		90.05
90.06 CARDIOLOGY CLINIC	0.000000		90.06
90.07 UROLOGY CLINIC	0.000000		90.07
90.08 PODIATRY CLINIC	0.000000		90.08
90.09 GASTROENTEROLOGY CLINIC	0.000000		90.09
90.10 PULMONARY CLINIC	0.000000		90.10
90.11 NEUROLOGY CLINIC	0.000000		90.11
90.12 OPHTHAMOLOGY CLINIC	0.000000		90.12
90.13 ALLERGY CLINIC	0.000000		90.13
90.14 WOUND CARE	0.000000		90.14
91.00 EMERGENCY	0.000000		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0.000000		95.00
99.10 CORF			99.10
SPECIAL PURPOSE COST CENTERS			
106.00 HEART ACQUISITION			106.00
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET ACQUISITION			111.00
113.00 INTEREST EXPENSE			113.00
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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 4:38 pm
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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	1,227,505	0	1,227,505	7,153	171.61	30.00
31.00 INTENSIVE CARE UNIT	321,543		321,543	1,450	221.75	31.00
40.00 SUBPROVIDER - IPF	392,295	0	392,295	2,186	179.46	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	408		408	883	0.46	43.00
200.00 Total (lines 30-199)	1,941,751		1,941,751	11,672		200.00

APPORIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/21/2012 4:38 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	2,599	446,014	30.00
31.00 INTENSIVE CARE UNIT	621	137,707	31.00
40.00 SUBPROVIDER - IPF	1,959	351,562	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	5,179	935,283	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0 30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0 31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
42.00 SUBPROVIDER	0	0	0	0	0	0 42.00
43.00 NURSERY	0	0	0	0	0	0 43.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,153	0.00	2,599	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,450	0.00	621	0	0	31.00
40.00 SUBPROVIDER - IPF	2,186	0.00	1,959	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	883	0.00	0	0	0	43.00
200.00 Total (lines 30-199)	11,672		5,179	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	worksheet D Part III Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
		12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150104

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 4:38 pm

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	29,483,279	0.000000	0.000000	2,642,562	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,245,290	0.000000	0.000000	828,953	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	ULTRA SOUND	0	5,337,434	0.000000	0.000000	88,603	55.01
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	21,472,247	0.000000	0.000000	1,468,411	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11,396,892	0.000000	0.000000	309,720	58.00
59.00	CARDIAC CATHETERIZATION	0	4,218,460	0.000000	0.000000	693,119	59.00
60.00	LABORATORY	0	36,553,209	0.000000	0.000000	3,824,187	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	985,129	0.000000	0.000000	266,248	63.00
64.00	INTRAVENOUS THERAPY	0	944,025	0.000000	0.000000	350,728	64.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0	4,828,720	0.000000	0.000000	282,346	66.00
67.00	OCCUPATIONAL THERAPY	0	839,570	0.000000	0.000000	110,312	67.00
67.01	AUDIOLOGY	0	546,178	0.000000	0.000000	0	67.01
68.00	SPEECH PATHOLOGY	0	188,921	0.000000	0.000000	15,042	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	CARDIOLOGY	0	8,342,154	0.000000	0.000000	1,684,986	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,215,262	0.000000	0.000000	944,334	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,655,163	0.000000	0.000000	926,202	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,773,780	0.000000	0.000000	2,830,241	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	90.01
90.02	CLINIC	0	53,251	0.000000	0.000000	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0	90.03
90.04	ENT CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	SURGERY CLINIC	0	0	0.000000	0.000000	0	90.05
90.06	CARDIOLOGY CLINIC	0	0	0.000000	0.000000	0	90.06
90.07	UROLOGY CLINIC	0	94,938	0.000000	0.000000	0	90.07
90.08	PODIATRY CLINIC	0	0	0.000000	0.000000	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0.000000	0.000000	0	90.09
90.10	PULMONARY CLINIC	0	0	0.000000	0.000000	0	90.10
90.11	NEUROLOGY CLINIC	0	665,755	0.000000	0.000000	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0.000000	0.000000	0	90.12
90.13	ALLERGY CLINIC	0	429,612	0.000000	0.000000	0	90.13
90.14	WOUND CARE	0	1,464,292	0.000000	0.000000	6,560	90.14
91.00	EMERGENCY	0	17,201,115	0.000000	0.000000	798,592	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,703,110	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	182,637,786			18,071,146	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150104

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	5,753,926	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,783,733	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	ULTRA SOUND	0	493,794	0	0	0	55.01
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	4,202,067	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,074,138	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	511,445	0	0	0	59.00
60.00	LABORATORY	0	366,084	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	439,477	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	215,016	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,010	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01	AUDIOLOGY	0	0	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0	77,694	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIOLOGY	0	1,806,930	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	54,063	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	847,185	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,722,533	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02	CLINIC	0	4,904	0	0	0	90.02
90.03	DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04	ENT CLINIC	0	0	0	0	0	90.04
90.05	SURGERY CLINIC	0	0	0	0	0	90.05
90.06	CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07	UROLOGY CLINIC	0	0	0	0	0	90.07
90.08	PODIATRY CLINIC	0	0	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.09
90.10	PULMONARY CLINIC	0	0	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13	ALLERGY CLINIC	0	0	0	0	0	90.13
90.14	WOUND CARE	0	0	0	0	0	90.14
91.00	EMERGENCY	0	1,872,377	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	742,820	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	28,969,196	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Hospital	PPS
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	ULTRA SOUND	0	0		55.01
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
67.01	AUDIOLOGY	0	0		67.01
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
69.01	CARDIOLOGY	0	0		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.01
90.02	CLINIC	0	0		90.02
90.03	DERMATOLOGY CLINIC	0	0		90.03
90.04	ENT CLINIC	0	0		90.04
90.05	SURGERY CLINIC	0	0		90.05
90.06	CARDIOLOGY CLINIC	0	0		90.06
90.07	UROLOGY CLINIC	0	0		90.07
90.08	PODIATRY CLINIC	0	0		90.08
90.09	GASTROENTEROLOGY CLINIC	0	0		90.09
90.10	PULMONARY CLINIC	0	0		90.10
90.11	NEUROLOGY CLINIC	0	0		90.11
90.12	OPHTHAMOLOGY CLINIC	0	0		90.12
90.13	ALLERGY CLINIC	0	0		90.13
90.14	WOUND CARE	0	0		90.14
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 4:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges		PPS	
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.219911	5,753,926	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564	4,783,733	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	ULTRA SOUND	0.138168	493,794	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.029491	4,202,067	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207	3,074,138	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.170305	511,445	0	0	59.00
60.00	LABORATORY	0.185095	366,084	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761	439,477	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.002093	215,016	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.468095	1,010	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.978403	0	0	0	67.00
67.01	AUDIOLOGY	0.442916	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0.559424	77,694	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
69.01	CARDIOLOGY	0.179909	1,806,930	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747	54,063	252	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673	847,185	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223	3,722,533	58	1,555	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.01
90.02	CLINIC	9.859270	4,904	0	0	90.02
90.03	DERMATOLOGY CLINIC	0.000000	0	0	0	90.03
90.04	ENT CLINIC	0.000000	0	0	0	90.04
90.05	SURGERY CLINIC	0.000000	0	0	0	90.05
90.06	CARDIOLOGY CLINIC	0.000000	0	0	0	90.06
90.07	UROLOGY CLINIC	0.011439	0	0	0	90.07
90.08	PODIATRY CLINIC	0.000000	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	PULMONARY CLINIC	0.000000	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0.000000	0	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000	0	0	0	90.12
90.13	ALLERGY CLINIC	0.387384	0	0	0	90.13
90.14	WOUND CARE	0.502507	0	0	0	90.14
91.00	EMERGENCY	0.394973	1,872,377	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477	742,820	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.220038		0		95.00
200.00	Subtotal (see instructions)		28,969,196	310	1,555	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		28,969,196	310	1,555	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 4:38 pm
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		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	1,265,352	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,605,249	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	ULTRA SOUND	68,227	0	0		55.01
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	123,923	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	301,902	0	0		58.00
59.00	CARDIAC CATHETERIZATION	87,102	0	0		59.00
60.00	LABORATORY	67,760	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	162,941	0	0		63.00
64.00	INTRAVENOUS THERAPY	450	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	473	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
67.01	AUDIOLOGY	0	0	0		67.01
68.00	SPEECH PATHOLOGY	43,464	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	CARDIOLOGY	325,083	0	0		69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,880	46	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	405,525	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	600,158	9	251		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.01
90.02	CLINIC	48,350	0	0		90.02
90.03	DERMATOLOGY CLINIC	0	0	0		90.03
90.04	ENT CLINIC	0	0	0		90.04
90.05	SURGERY CLINIC	0	0	0		90.05
90.06	CARDIOLOGY CLINIC	0	0	0		90.06
90.07	UROLOGY CLINIC	0	0	0		90.07
90.08	PODIATRY CLINIC	0	0	0		90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0		90.09
90.10	PULMONARY CLINIC	0	0	0		90.10
90.11	NEUROLOGY CLINIC	0	0	0		90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0		90.12
90.13	ALLERGY CLINIC	0	0	0		90.13
90.14	WOUND CARE	0	0	0		90.14
91.00	EMERGENCY	739,538	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	443,075	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	6,298,452	55	251		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	6,298,452	55	251		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/21/2012 4:38 pm
		Component CCN: 15S104	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	801,234	29,483,279	0.027176	12,375	336	50.00
51.00 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	980,194	17,245,290	0.056838	35,146	1,998	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01 ULTRA SOUND	11,379	5,337,434	0.002132	1,763	4	55.01
56.00 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00 CT SCAN	11,445	21,472,247	0.000533	47,289	25	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	91,085	11,396,892	0.007992	2,433	19	58.00
59.00 CARDIAC CATHETERIZATION	70,532	4,218,460	0.016720	938	16	59.00
60.00 LABORATORY	483,237	36,553,209	0.013220	518,167	6,850	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	3,397	985,129	0.003448	168	1	63.00
64.00 INTRAVENOUS THERAPY	19	944,025	0.000020	1,254	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0.000000	0	0	65.00
66.00 PHYSICAL THERAPY	428,168	4,828,720	0.088671	33,548	2,975	66.00
67.00 OCCUPATIONAL THERAPY	13,642	839,570	0.016249	4,050	66	67.00
67.01 AUDIOLOGY	2,948	546,178	0.005398	0	0	67.01
68.00 SPEECH PATHOLOGY	1,408	188,921	0.007453	2,096	16	68.00
69.00 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01 CARDIOLOGY	65,775	8,342,154	0.007885	66,470	524	69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,525	3,215,262	0.001718	39,138	67	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	20,724	4,655,163	0.004452	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	17,099	9,773,780	0.001749	410,860	719	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	0	0	0.000000	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	198,600	0	0.000000	0	0	90.01
90.02 CLINIC	289,771	53,251	5.441607	0	0	90.02
90.03 DERMATOLOGY CLINIC	0	0	0.000000	0	0	90.03
90.04 ENT CLINIC	1	0	0.000000	0	0	90.04
90.05 SURGERY CLINIC	6	0	0.000000	0	0	90.05
90.06 CARDIOLOGY CLINIC	0	0	0.000000	0	0	90.06
90.07 UROLOGY CLINIC	74	94,938	0.000779	0	0	90.07
90.08 PODIATRY CLINIC	0	0	0.000000	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	61	0	0.000000	0	0	90.09
90.10 PULMONARY CLINIC	0	0	0.000000	0	0	90.10
90.11 NEUROLOGY CLINIC	40	665,755	0.000060	0	0	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0.000000	0	0	90.12
90.13 ALLERGY CLINIC	1,664	429,612	0.003873	0	0	90.13
90.14 WOUND CARE	162,644	1,464,292	0.111073	87	10	90.14
91.00 EMERGENCY	1,170,258	17,201,115	0.068034	4,532	308	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	278,173	2,703,110	0.102909	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	5,109,103	182,637,786		1,180,314	13,934	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104 Component CCN:15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Title XVIII				Subprovider - IPF	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 ULTRA SOUND	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01 AUDIOLOGY	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOLOGY	0	0	0	0	0	69.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 CLINIC	0	0	0	0	0	90.02
90.03 DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04 ENT CLINIC	0	0	0	0	0	90.04
90.05 SURGERY CLINIC	0	0	0	0	0	90.05
90.06 CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07 UROLOGY CLINIC	0	0	0	0	0	90.07
90.08 PODIATRY CLINIC	0	0	0	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.09
90.10 PULMONARY CLINIC	0	0	0	0	0	90.10
90.11 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13 ALLERGY CLINIC	0	0	0	0	0	90.13
90.14 WOUND CARE	0	0	0	0	0	90.14
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150104
Component CCN: 15S104

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 4:38 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	29,483,279	0.000000	0.000000	12,375 50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0 52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,245,290	0.000000	0.000000	35,146 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
55.01	ULTRA SOUND	0	5,337,434	0.000000	0.000000	1,763 55.01
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0 56.00
57.00	CT SCAN	0	21,472,247	0.000000	0.000000	47,289 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11,396,892	0.000000	0.000000	2,433 58.00
59.00	CARDIAC CATHETERIZATION	0	4,218,460	0.000000	0.000000	938 59.00
60.00	LABORATORY	0	36,553,209	0.000000	0.000000	518,167 60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	985,129	0.000000	0.000000	168 63.00
64.00	INTRAVENOUS THERAPY	0	944,025	0.000000	0.000000	1,254 64.00
65.00	RESPIRATORY THERAPY	0	0	0.000000	0.000000	0 65.00
66.00	PHYSICAL THERAPY	0	4,828,720	0.000000	0.000000	33,548 66.00
67.00	OCCUPATIONAL THERAPY	0	839,570	0.000000	0.000000	4,050 67.00
67.01	AUDIOLOGY	0	546,178	0.000000	0.000000	0 67.01
68.00	SPEECH PATHOLOGY	0	188,921	0.000000	0.000000	2,096 68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0 69.00
69.01	CARDIOLOGY	0	8,342,154	0.000000	0.000000	66,470 69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,215,262	0.000000	0.000000	39,138 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,655,163	0.000000	0.000000	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,773,780	0.000000	0.000000	410,860 73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0 74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00	CLINIC	0	0	0.000000	0.000000	0 90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0 90.01
90.02	CLINIC	0	53,251	0.000000	0.000000	0 90.02
90.03	DERMATOLOGY CLINIC	0	0	0.000000	0.000000	0 90.03
90.04	ENT CLINIC	0	0	0.000000	0.000000	0 90.04
90.05	SURGERY CLINIC	0	0	0.000000	0.000000	0 90.05
90.06	CARDIOLOGY CLINIC	0	0	0.000000	0.000000	0 90.06
90.07	UROLOGY CLINIC	0	94,938	0.000000	0.000000	0 90.07
90.08	PODIATRY CLINIC	0	0	0.000000	0.000000	0 90.08
90.09	GASTROENTEROLOGY CLINIC	0	0	0.000000	0.000000	0 90.09
90.10	PULMONARY CLINIC	0	0	0.000000	0.000000	0 90.10
90.11	NEUROLOGY CLINIC	0	665,755	0.000000	0.000000	0 90.11
90.12	OPHTHAMOLOGY CLINIC	0	0	0.000000	0.000000	0 90.12
90.13	ALLERGY CLINIC	0	429,612	0.000000	0.000000	0 90.13
90.14	WOUND CARE	0	1,464,292	0.000000	0.000000	87 90.14
91.00	EMERGENCY	0	17,201,115	0.000000	0.000000	4,532 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,703,110	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	182,637,786			1,180,314 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150104
Component CCN: 15S104

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2012 4:38 pm

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 ULTRA SOUND	0	0	0	0	0	55.01
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	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
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.01 AUDIOLOGY	0	0	0	0	0	67.01
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIOLOGY	0	0	0	0	0	69.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.01
90.02 CLINIC	0	0	0	0	0	90.02
90.03 DERMATOLOGY CLINIC	0	0	0	0	0	90.03
90.04 ENT CLINIC	0	0	0	0	0	90.04
90.05 SURGERY CLINIC	0	0	0	0	0	90.05
90.06 CARDIOLOGY CLINIC	0	0	0	0	0	90.06
90.07 UROLOGY CLINIC	0	0	0	0	0	90.07
90.08 PODIATRY CLINIC	0	0	0	0	0	90.08
90.09 GASTROENTEROLOGY CLINIC	0	0	0	0	0	90.09
90.10 PULMONARY CLINIC	0	0	0	0	0	90.10
90.11 NEUROLOGY CLINIC	0	0	0	0	0	90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0	0	0	90.12
90.13 ALLERGY CLINIC	0	0	0	0	0	90.13
90.14 WOUND CARE	0	0	0	0	0	90.14
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150104 Component CCN:15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/21/2012 4:38 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 ULTRA SOUND	0	0		55.01
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
67.01 AUDIOLOGY	0	0		67.01
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
69.01 CARDIOLOGY	0	0		69.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0		90.01
90.02 CLINIC	0	0		90.02
90.03 DERMATOLOGY CLINIC	0	0		90.03
90.04 ENT CLINIC	0	0		90.04
90.05 SURGERY CLINIC	0	0		90.05
90.06 CARDIOLOGY CLINIC	0	0		90.06
90.07 UROLOGY CLINIC	0	0		90.07
90.08 PODIATRY CLINIC	0	0		90.08
90.09 GASTROENTEROLOGY CLINIC	0	0		90.09
90.10 PULMONARY CLINIC	0	0		90.10
90.11 NEUROLOGY CLINIC	0	0		90.11
90.12 OPHTHAMOLOGY CLINIC	0	0		90.12
90.13 ALLERGY CLINIC	0	0		90.13
90.14 WOUND CARE	0	0		90.14
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 4:38 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		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	0.219911	0	0	0	50.00
51.00	RECOVERY ROOM	0.000000	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	ULTRA SOUND	0.138168	0	0	0	55.01
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.029491	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.170305	0	0	0	59.00
60.00	LABORATORY	0.185095	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.002093	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.468095	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.978403	0	0	0	67.00
67.01	AUDIOLOGY	0.442916	0	0	0	67.01
68.00	SPEECH PATHOLOGY	0.559424	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
69.01	CARDIOLOGY	0.179909	0	0	0	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223	0	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	90.01
90.02	CLINIC	9.859270	0	0	0	90.02
90.03	DERMATOLOGY CLINIC	0.000000	0	0	0	90.03
90.04	ENT CLINIC	0.000000	0	0	0	90.04
90.05	SURGERY CLINIC	0.000000	0	0	0	90.05
90.06	CARDIOLOGY CLINIC	0.000000	0	0	0	90.06
90.07	UROLOGY CLINIC	0.011439	0	0	0	90.07
90.08	PODIATRY CLINIC	0.000000	0	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000	0	0	0	90.09
90.10	PULMONARY CLINIC	0.000000	0	0	0	90.10
90.11	NEUROLOGY CLINIC	0.000000	0	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000	0	0	0	90.12
90.13	ALLERGY CLINIC	0.387384	0	0	0	90.13
90.14	WOUND CARE	0.502507	0	0	0	90.14
91.00	EMERGENCY	0.394973	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.220038	0	0		95.00
200.00	Subtotal (see instructions)		0	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)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/21/2012 4:38 pm
Title XIX		Hospital	Cost

Cost Center Description	Costs			Hospital	Cost
	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
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01 ULTRA SOUND	0	0	0		55.01
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
67.01 AUDIOLOGY	0	0	0		67.01
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 CARDIOLOGY	0	0	0		69.01
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
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
90.01 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		90.01
90.02 CLINIC	0	0	0		90.02
90.03 DERMATOLOGY CLINIC	0	0	0		90.03
90.04 ENT CLINIC	0	0	0		90.04
90.05 SURGERY CLINIC	0	0	0		90.05
90.06 CARDIOLOGY CLINIC	0	0	0		90.06
90.07 UROLOGY CLINIC	0	0	0		90.07
90.08 PODIATRY CLINIC	0	0	0		90.08
90.09 GASTROENTEROLOGY CLINIC	0	0	0		90.09
90.10 PULMONARY CLINIC	0	0	0		90.10
90.11 NEUROLOGY CLINIC	0	0	0		90.11
90.12 OPHTHAMOLOGY CLINIC	0	0	0		90.12
90.13 ALLERGY CLINIC	0	0	0		90.13
90.14 WOUND CARE	0	0	0		90.14
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	0	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)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		

PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,153	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,153	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)		7,153	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,599	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)		7,114,837	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)		7,114,837	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,801,935	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,801,935	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725860	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,370.33	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)		7,114,837	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)		994.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,585,121	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)		2,585,121	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150104		Period: From 01/01/2011 To 12/31/2011		worksheet D-1	
Date/Time Prepared: 5/21/2012 4:38 pm		Title XVIII		Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,150,557	1,450	1,483.14	621	921,030		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)					3,813,181		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,319,332		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)					583,721		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					291,428		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					875,149		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,444,183		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,621		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					994.66		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,612,344		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150104		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	PPS 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	1,227,505	7,114,837	0.172527	1,612,344	278,173	90.00
91.00	Nursing School cost	0	7,114,837	0.000000	1,612,344	0	91.00
92.00	Allied health cost	0	7,114,837	0.000000	1,612,344	0	92.00
93.00	All other Medical Education	0	7,114,837	0.000000	1,612,344	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150104 Component CCN: 15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 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)	2,186	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,186	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)	2,186	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,959	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)	2,468,896	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)	2,468,896	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,924,904	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,924,904	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.282607	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)	880.56	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)	2,468,896	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)	1,129.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,212,514	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)	2,212,514	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150104 Component CCN: 15S104		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 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)	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)					220,553	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,433,067	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)					351,562	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					13,934	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					365,496	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,067,571	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: 150104 Component CCN: 155104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 pm
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		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	392,295	2,468,896	0.158895	0	0	90.00
91.00	Nursing School cost	0	2,468,896	0.000000	0	0	91.00
92.00	Allied health cost	0	2,468,896	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,468,896	0.000000	0	0	93.00

Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,153 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,153 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)			7,153 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)			612 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)			883 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)			7,114,837 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)			7,114,837 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			9,000,450 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			9,000,450 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.790498 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,258.28 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)			7,114,837 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)			994.66 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			608,732 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)			608,732 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Title XIX			Hospital	Cost
	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)	43,796	883	49.60	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	2,150,557	1,450	1,483.14	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					

Cost Center Description		
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)		353,502
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		962,234

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
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)		0
52.00 Total Program excludable cost (sum of lines 50 and 51)		0
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		0

TARGET AMOUNT AND LIMIT COMPUTATION		
54.00 Program discharges		0
55.00 Target amount per discharge		0.00
56.00 Target amount (line 54 x line 55)		0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		0
58.00 Bonus payment (see instructions)		0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		0.00
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
62.00 Relief payment (see instructions)		0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)		0

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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		0

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00 Program routine service cost (line 9 x line 71)		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00 Program capital-related costs (line 9 x line 76)		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00 Inpatient routine service cost per diem limitation		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00 Reasonable inpatient routine service costs (see instructions)		83.00
84.00 Program inpatient ancillary services (see instructions)		84.00
85.00 Utilization review - physician compensation (see instructions)		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)		86.00

PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00 Total observation bed days (see instructions)		1,621
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		994.66
89.00 Observation bed cost (line 87 x line 88) (see instructions)		1,612,344

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description	Title XIX Hospital Cost				
	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	0	0	0.000000	0	0 90.00
91.00 Nursing School cost	0	0	0.000000	0	0 91.00
92.00 Allied health cost	0	0	0.000000	0	0 92.00
93.00 All other Medical Education	0	0	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
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		1,899,815		30.00
31.00	INTENSIVE CARE UNIT		1,046,826		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	0.219911	2,642,562	581,128	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564	828,953	278,167	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	ULTRA SOUND	0.138168	88,603	12,242	55.01
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.029491	1,468,411	43,305	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207	309,720	30,417	58.00
59.00	CARDIAC CATHETERIZATION	0.170305	693,119	118,042	59.00
60.00	LABORATORY	0.185095	3,824,187	707,838	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761	266,248	98,714	63.00
64.00	INTRAVENOUS THERAPY	0.002093	350,728	734	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.468095	282,346	132,165	66.00
67.00	OCCUPATIONAL THERAPY	0.978403	110,312	107,930	67.00
67.01	AUDIOLOGY	0.442916	0	0	67.01
68.00	SPEECH PATHOLOGY	0.559424	15,042	8,415	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	CARDIOLOGY	0.179909	1,684,986	303,144	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747	944,334	172,574	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673	926,202	443,348	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223	2,830,241	456,300	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	90.01
90.02	CLINIC	9.859270	0	0	90.02
90.03	DERMATOLOGY CLINIC	0.000000	0	0	90.03
90.04	ENT CLINIC	0.000000	0	0	90.04
90.05	SURGERY CLINIC	0.000000	0	0	90.05
90.06	CARDIOLOGY CLINIC	0.000000	0	0	90.06
90.07	UROLOGY CLINIC	0.011439	0	0	90.07
90.08	PODIATRY CLINIC	0.000000	0	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000	0	0	90.09
90.10	PULMONARY CLINIC	0.000000	0	0	90.10
90.11	NEUROLOGY CLINIC	0.000000	0	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000	0	0	90.12
90.13	ALLERGY CLINIC	0.387384	0	0	90.13
90.14	WOUND CARE	0.502507	6,560	3,296	90.14
91.00	EMERGENCY	0.394973	798,592	315,422	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		18,071,146	3,813,181	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)		18,071,146		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN: 15S104	Date/Time Prepared: 5/21/2012 4:38 pm	
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		1,999	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
40.00	SUBPROVIDER - IPF		1,678,293	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	0.219911	12,375	50.00
51.00	RECOVERY ROOM	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564	35,146	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	ULTRA SOUND	0.138168	1,763	55.01
56.00	RADIOISOTOPE	0.000000	0	56.00
57.00	CT SCAN	0.029491	47,289	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207	2,433	58.00
59.00	CARDIAC CATHETERIZATION	0.170305	938	59.00
60.00	LABORATORY	0.185095	518,167	60.00
60.01	BLOOD LABORATORY	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761	168	63.00
64.00	INTRAVENOUS THERAPY	0.002093	1,254	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.468095	33,548	66.00
67.00	OCCUPATIONAL THERAPY	0.978403	4,050	67.00
67.01	AUDIOLOGY	0.442916	0	67.01
68.00	SPEECH PATHOLOGY	0.559424	2,096	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	CARDIOLOGY	0.179909	66,470	69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747	39,138	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223	410,860	73.00
74.00	RENAL DIALYSIS	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000	0	90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	90.01
90.02	CLINIC	9.859270	0	90.02
90.03	DERMATOLOGY CLINIC	0.000000	0	90.03
90.04	ENT CLINIC	0.000000	0	90.04
90.05	SURGERY CLINIC	0.000000	0	90.05
90.06	CARDIOLOGY CLINIC	0.000000	0	90.06
90.07	UROLOGY CLINIC	0.011439	0	90.07
90.08	PODIATRY CLINIC	0.000000	0	90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000	0	90.09
90.10	PULMONARY CLINIC	0.000000	0	90.10
90.11	NEUROLOGY CLINIC	0.000000	0	90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000	0	90.12
90.13	ALLERGY CLINIC	0.387384	0	90.13
90.14	WOUND CARE	0.502507	87	90.14
91.00	EMERGENCY	0.394973	4,532	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,180,314	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)		1,180,314	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/21/2012 4:38 pm
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Cost Center Description		Title XIX		Hospital		Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)			
		1.00	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		1,525,353				30.00
31.00	INTENSIVE CARE UNIT		112,151				31.00
40.00	SUBPROVIDER - IPF		183				40.00
41.00	SUBPROVIDER - IRF		0				41.00
42.00	SUBPROVIDER		0				42.00
43.00	NURSERY		205,816				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.219911	260,239	57,229			50.00
51.00	RECOVERY ROOM	0.000000	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.335564	59,166	19,854			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0			55.00
55.01	ULTRA SOUND	0.138168	22,593	3,122			55.01
56.00	RADIOISOTOPE	0.000000	0	0			56.00
57.00	CT SCAN	0.029491	124,359	3,667			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.098207	39,367	3,866			58.00
59.00	CARDIAC CATHETERIZATION	0.170305	97,497	16,604			59.00
60.00	LABORATORY	0.185095	433,158	80,175			60.00
60.01	BLOOD LABORATORY	0.000000	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.370761	0	0			63.00
64.00	INTRAVENOUS THERAPY	0.002093	26,971	56			64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0			65.00
66.00	PHYSICAL THERAPY	0.468095	19,981	9,353			66.00
67.00	OCCUPATIONAL THERAPY	0.978403	8,430	8,248			67.00
67.01	AUDIOLOGY	0.442916	0	0			67.01
68.00	SPEECH PATHOLOGY	0.559424	1,173	656			68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0			69.00
69.01	CARDIOLOGY	0.179909	149,181	26,839			69.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.182747	155,291	28,379			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.478673	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.161223	336,736	54,290			73.00
74.00	RENAL DIALYSIS	0.000000	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0			89.00
90.00	CLINIC	0.000000	0	0			90.00
90.01	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0			90.01
90.02	CLINIC	9.859270	0	0			90.02
90.03	DERMATOLOGY CLINIC	0.000000	0	0			90.03
90.04	ENT CLINIC	0.000000	0	0			90.04
90.05	SURGERY CLINIC	0.000000	0	0			90.05
90.06	CARDIOLOGY CLINIC	0.000000	0	0			90.06
90.07	UROLOGY CLINIC	0.011439	0	0			90.07
90.08	PODIATRY CLINIC	0.000000	0	0			90.08
90.09	GASTROENTEROLOGY CLINIC	0.000000	0	0			90.09
90.10	PULMONARY CLINIC	0.000000	0	0			90.10
90.11	NEUROLOGY CLINIC	0.000000	0	0			90.11
90.12	OPHTHAMOLOGY CLINIC	0.000000	0	0			90.12
90.13	ALLERGY CLINIC	0.387384	0	0			90.13
90.14	WOUND CARE	0.502507	0	0			90.14
91.00	EMERGENCY	0.394973	104,220	41,164			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.596477	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,838,362	353,502			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)		1,838,362				202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 4:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,536,185	1.00
2.00	Outlier payments for discharges. (see instructions)		1,174	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)		63.56	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)		4.73	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		25.98	31.00
32.00	Sum of lines 30 and 31		30.71	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.00	33.00
34.00	Disproportionate share adjustment (see instructions)		664,342	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 an 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 an 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)		6,201,701	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		6,201,701	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		448,348	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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/21/2012 4:38 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			6,650,049 59.00
60.00	Primary payer payments			10,097 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			6,639,952 61.00
62.00	Deductibles billed to program beneficiaries			757,212 62.00
63.00	Coinsurance billed to program beneficiaries			1,981 63.00
64.00	Allowable bad debts (see instructions)			187,966 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			131,576 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			181,528 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			6,012,335 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			755,287 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)			6,767,622 71.00
72.00	Interim payments			6,624,328 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)			143,294 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			20,000 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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 4:38 pm
		Title XVIII	Hospital	PPS

					1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES						
1.00	Medical and other services (see instructions)			306	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,298,452	2.00	
3.00	PPS payments			5,128,828	3.00	
4.00	Outlier payment (see instructions)			4,590	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)			306	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES						
Reasonable charges						
12.00	Ancillary service charges			1,865	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)			1,865	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 chargebasis 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)			1,865	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			1,559	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)			306	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)			5,133,418	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
25.00	Deductibles and coinsurance (for CAH, see instructions)			50	25.00	
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,238,885	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)			3,894,789	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)			3,894,789	30.00	
31.00	Primary payer payments			124	31.00	
32.00	Subtotal (line 30 minus line 31)			3,894,665	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)			159,659	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)			111,761	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			155,674	36.00	
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,006,426	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)			4,006,426	40.00	
41.00	Interim payments			3,984,325	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)			22,101	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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 4:38 pm
Title XVIII		Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 4:38 pm
		Component CCN:15S104		
		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: 150104 Component CCN: 15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/21/2012 4:38 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150104

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2012 4:38 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		6,539,790		3,894,446	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/31/2011	102,717	12/31/2011	96,363	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	09/01/2011	18,179	09/01/2011	6,484	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)		84,538		89,879	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)		6,624,328		3,984,325	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		143,294		22,101	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,767,622		4,006,426	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: 150104 Component CCN: 15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/21/2012 4:38 pm
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	Title XVIII	Subprovider - IPF	PPS
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		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		1,593,469		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		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		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)		1,593,469		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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,593,469		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor	0				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150104 Component CCN: 15S104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/21/2012 4:38 pm
		Title XVIII	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)	1,725,275	1.00
2.00	Net IPF PPS Outlier Payments	40,413	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)	5.989041	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)	1,765,688	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)	1,765,688	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,765,688	18.00
19.00	Deductibles	170,804	19.00
20.00	Subtotal (line 18 minus line 19)	1,594,884	20.00
21.00	Coinsurance	1,415	21.00
22.00	Subtotal (line 20 minus line 21)	1,593,469	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)	1,593,469	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)	0	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)	1,593,469	31.00
32.00	Interim payments	1,593,469	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)	0	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: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2012 4:38 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		962,234	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)		962,234	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)		962,234	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		1,838,362	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)		1,838,362	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)		1,838,362	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		876,128	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)		962,234	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.		962,234	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)		962,234	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)		962,234	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		962,234	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)		962,234	40.00
41.00	Interim payments		650,789	41.00
42.00	Balance due provider/program (line 40 minus 41)		311,445	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: 150104

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

Worksheet G

Date/Time Prepared:
5/21/2012 4:38 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	9,368,585	0	0	0	1.00
2.00	Temporary investments	22,815,133	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	12,132,206	0	0	0	4.00
5.00	Other receivable	3,054,686	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,337,187	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	2,840,000	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)	51,547,797	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,269,626	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	108,983,903	0	0	0	15.00
16.00	Accumulated depreciation	-37,859,502	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	78,394,027	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,271,482	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,271,482	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,213,306	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,389,829	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,249,155	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	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	9,391,071	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,030,055	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	72,616,734	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	72,616,734	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	88,646,789	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	54,566,517				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)	54,566,517	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,213,306	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150104

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 4:38 pm

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00		50,064,777		
2.00		4,501,740			2.00
3.00		54,566,517		0	3.00
4.00					4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00		0		0	10.00
11.00		54,566,517		0	11.00
12.00	0		0		12.00
13.00	0		0		13.00
14.00	0		0		14.00
15.00	0		0		15.00
16.00	0		0		16.00
17.00	0		0		17.00
18.00		0		0	18.00
19.00		54,566,517		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150104

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

Worksheet G-1

Date/Time Prepared:
5/21/2012 4:38 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150104

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

Worksheet G-2 Parts

Date/Time Prepared:
5/21/2012 4:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,801,935		9,801,935	1.00
2.00	SUBPROVIDER - IPF	1,924,904		1,924,904	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	11,726,839		11,726,839	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,398,180		2,398,180	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)	2,398,180		2,398,180	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,125,019		14,125,019	17.00
18.00	Ancillary services	33,357,246	126,668,465	160,025,711	18.00
19.00	Outpatient services	2,229,326	20,382,747	22,612,073	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	36,333	4,519,415	4,555,748	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	5,029	29,799,181	29,804,210	27.00
27.01	PROFESSIONAL FEES	0	2,721,671	2,721,671	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	49,752,953	184,091,479	233,844,432	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		83,452,807		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)		83,452,807		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150104

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

worksheet G-3

Date/Time Prepared:
5/21/2012 4:38 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	233,844,432	1.00
2.00	Less contractual allowances and discounts on patients' accounts	150,913,152	2.00
3.00	Net patient revenues (line 1 minus line 2)	82,931,280	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	83,452,807	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-521,527	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	INVESTMENT INCOME	337,365	24.00
24.01	OTHER & NONOPERATING REVENUE	5,010,866	24.01
25.00	Total other income (sum of lines 6-24)	5,348,231	25.00
26.00	Total (line 5 plus line 25)	4,826,704	26.00
27.00	LOSS ON INVESTMENT	324,964	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	324,964	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,501,740	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150104	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/21/2012 4:38 pm
	Title XVIII	Hospital	PPS

	1.00	
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	447,934	1.00
2.00	Capital DRG outlier payments	414	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	19.13	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)	448,348	12.00

	1.00	
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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	
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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