

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: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 10:07 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012	Time: 10:07 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 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 ST. ELIZABETH EAST 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 XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	-444,835	33,571	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	18,337	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	-426,498	33,571	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:53 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1701 SOUTH CREASY LANCE			PO Box:				1.00			
2.00	City: LAFAYETTE			State: IN		Zip Code: 47905-		County: TIPPECANOE			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. ELIZABETH EAST	150109	29140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		ST. ELIZABETH REHAB UNIT	15T109	29140	5	01/01/1995	N	P	O	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		ST. ELIZABETH HHA	157124	29140		07/06/1966	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						1		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.						2		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			2,305	2,138	22	0	4,655	75		24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	147		25.00
							Urban/Rural	S		Date of Geogr	
							1.00			2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:53 am		
		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		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150109

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 9:53 am	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	N 0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
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
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y	158014		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: FRANCISCAN ALLIANCE, INC.		Contractor's Name: NGS		Contractor's Number: 158014			141.00	
142.00	Street: 1515 DRAGOON TRAIL		PO Box: 1290					142.00	
143.00	City: MISHAWAKA		State: IN		Zip Code: 46546-1290			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.							Y	145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
					Part A	Part B			
			1.00	2.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital				N	N		155.00	
156.00	Subprovider - IPF				N	N		156.00	
157.00	Subprovider - IRF				N	N		157.00	
158.00	SUBPROVIDER				N	N		158.00	
159.00	SNF				N	N		159.00	
160.00	HOME HEALTH AGENCY				N	N		160.00	
161.00	CMHC					N		161.00	
161.10	CORF					N		161.10	
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 9:53 am
			Y/N 1.00	Date 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 1.00	Date 2.00
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 1.00	Type 2.00
				Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/17/2012
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 1.00	Legal Oper. 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
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
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/17/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 9:53 am
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		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150109

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 9:53 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/17/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	139	50,735	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)		139	50,735	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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 NEONATAL INTENSIVE CARE UNIT	35.00	14	5,110	0.00		12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		165	60,225	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		183				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: 150109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	11,372	4,434	27,781		1.00
2.00 HMO		1,619	4,655			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	11,372	4,434	27,781		7.00
8.00 INTENSIVE CARE UNIT	0	1,287	0	2,484		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 NEONATAL INTENSIVE CARE UNIT	0	0	0	3,171		12.00
13.00 NURSERY	0		106	1,445		13.00
14.00 Total (see instructions)	0	12,659	4,540	34,881		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	2,135	211	3,665		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	0	8,287	0	12,442		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		0	0		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	2,506		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,112	1.00
2.00 HMO					373	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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,211.10	0.00	0	3,112	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	19.28	0.00	0	190	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	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,230.38	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: 150109

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,347	8,375		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 NEONATAL INTENSIVE CARE UNIT				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,347	8,375		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	21	317		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: 150109

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2012 9:53 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	73,384,513	1,895,500	75,280,013	2,519,088.00	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)		24,028,903	0	24,028,903	521,188.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		0	0	0	0.00	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		9,258,903	0	9,258,903	185,000.00	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		16,563,604	0	16,563,604		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		5,900,586	0	5,900,586		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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	999,665	-335,608	664,057	25,171.00	26.00
27.00	Administrative & General	5.00	5,148,457	2,061,986	7,210,443	298,258.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,908,406	530,673	2,439,079	133,735.00	30.00
31.00	Laundry & Linen Service	8.00	0	99,468	99,468	8,481.00	31.00
32.00	Housekeeping	9.00	1,189,859	0	1,189,859	94,806.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,235,171	-636,144	599,027	38,980.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	409,635	636,144	1,045,779	74,192.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	2,165,057	-352,759	1,812,298	46,372.00	38.00
39.00	Central Services and Supply	14.00	439,314	0	439,314	27,442.00	39.00
40.00	Pharmacy	15.00	2,152,796	0	2,152,796	59,228.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,387,543	-171,728	1,215,815	63,413.00	41.00
42.00	Social Service	17.00	557,374	-90,815	466,559	19,366.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 9:53 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	29.88	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)	46.10	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	0.00	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	50.05	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	26.38	26.00
27.00	Administrative & General	24.18	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	18.24	30.00
31.00	Laundry & Linen Service	11.73	31.00
32.00	Housekeeping	12.55	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.37	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.10	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	39.08	38.00
39.00	Central Services and Supply	16.01	39.00
40.00	Pharmacy	36.35	40.00
41.00	Medical Records & Medical Records Library	19.17	41.00
42.00	Social Service	24.09	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 9:53 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	73,384,513	1,895,500	75,280,013	2,519,088.00		1.00
2.00	Excluded area salaries (see instructions)	24,028,903	0	24,028,903	521,188.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,355,610	1,895,500	51,251,110	1,997,900.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	9,258,903	0	9,258,903	185,000.00		4.00
5.00	Subtotal wage-related costs (see inst.)	16,563,604	0	16,563,604	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	75,178,117	1,895,500	77,073,617	2,182,900.00		6.00
7.00	Total overhead cost (see instructions)	17,593,277	1,741,217	19,334,494	889,444.00		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150109

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2012 9:53 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	29.88	1.00
2.00	Excluded area salaries (see instructions)	46.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.05	4.00
5.00	Subtotal wage-related costs (see inst.)	32.32	5.00
6.00	Total (sum of lines 3 thru 5)	35.31	6.00
7.00	Total overhead cost (see instructions)	21.74	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 9:53 am
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	6,141,829	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,210,495	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	395,468	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	57,132	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)	254,025	14.00
15.00	'Workers' Compensation Insurance	115,408	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,317,630	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	85,433	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	108,713	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,686,133	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	EMPLOYEE ASSISTANCE	778,058	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150109

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2012 9:53 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150109 Component CCN: 157124		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/30/2012 9:53 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	TIPPEECANOE				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	1,391	28	247	1,666	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	494.00	25.00	279.00	798.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.01	0.00	0.01	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				13.27	0.00	13.27	5.00
6.00	Direct Nursing Service				5.98	0.00	5.98	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				2.88	0.00	2.88	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.63	0.00	0.63	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.22	0.00	0.22	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.48	0.00	0.48	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.31	0.00	1.31	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	INFUSION				6.50	0.00	6.50	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	29140						20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	3,309	35	112	84	3,540	21.00	
22.00	Skilled Nursing Visit Charges	936,792	9,905	31,921	23,772	1,002,390	22.00	
23.00	Physical Therapy Visits	2,517	0	67	35	2,619	23.00	
24.00	Physical Therapy Visit Charges	731,972	0	19,530	10,220	761,722	24.00	
25.00	Occupational Therapy Visits	429	0	2	17	448	25.00	
26.00	Occupational Therapy Visit Charges	124,605	0	584	4,964	130,153	26.00	
27.00	Speech Pathology Visits	129	0	0	4	133	27.00	
28.00	Speech Pathology Visit Charges	37,413	0	0	1,168	38,581	28.00	
29.00	Medical Social Service Visits	116	0	2	5	123	29.00	
30.00	Medical Social Service Visit Charges	39,442	0	682	1,705	41,829	30.00	
31.00	Home Health Aide Visits	1,397	0	5	22	1,424	31.00	
32.00	Home Health Aide Visit Charges	190,773	0	685	3,014	194,472	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,897	35	188	167	8,287	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,060,997	9,905	53,402	44,843	2,169,147	35.00	
36.00	Total Number of Episodes (standard/non outlier)	467		71	12	550	36.00	
37.00	Total Number of Outlier Episodes		1		0	1	37.00	
38.00	Total Non-Routine Medical Supply Charges	219,536	4,034	10,125	2,860	236,555	38.00	



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		14,539,142	14,539,142	4,838,467	19,377,609	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,335,093	3,335,093	2.00
4.00 EMPLOYEE BENEFITS	999,665	28,865,515	29,865,180	0	29,865,180	4.00
5.01 COMMUNICATIONS	0	656,752	656,752	0	656,752	5.01
5.02 MGMT INFO SYSTEMS	-47,756	12,954,628	12,906,872	0	12,906,872	5.02
5.03 PURCHASING	581,546	452,863	1,034,409	-825	1,033,584	5.03
5.04 ADMINITING	0	0	0	0	0	5.04
5.05 PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06 ADMINISTRATIVE AND GENERAL	4,614,667	11,686,892	16,301,559	-475,044	15,826,515	5.06
7.00 OPERATION OF PLANT	1,908,406	7,072,003	8,980,409	-15,995	8,964,414	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,189,859	416,577	1,606,436	-770	1,605,666	9.00
10.00 DIETARY	1,235,171	523,921	1,759,092	-800,038	959,054	10.00
11.00 CAFETERIA	409,635	464,638	874,273	762,815	1,637,088	11.00
13.00 NURSING ADMINISTRATION	2,165,057	100,497	2,265,554	-521	2,265,033	13.00
14.00 CENTRAL SERVICES & SUPPLY	439,314	1,158,380	1,597,694	-1,052,912	544,782	14.00
15.00 PHARMACY	2,152,796	5,536,209	7,689,005	-5,204,889	2,484,116	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,387,543	438,130	1,825,673	0	1,825,673	16.00
17.00 SOCIAL SERVICE	557,374	3,772	561,146	0	561,146	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	13,323,435	1,430,862	14,754,297	-4,907,372	9,846,925	30.00
31.00 INTENSIVE CARE UNIT	259,517	1,770	261,287	-514	260,773	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,602,364	373,797	1,976,161	-77,403	1,898,758	35.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I RF	1,061,348	146,413	1,207,761	-35,049	1,172,712	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	486,686	486,686	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,470,335	40,522,060	43,992,395	-20,643,724	23,348,671	50.00
51.00 RECOVERY ROOM	701,605	21,368	722,973	-16,488	706,485	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	3,232,745	3,232,745	52.00
54.00 RADIOLOGY-DIAGNOSTIC	3,778,222	16,774,742	20,552,964	-2,662,603	17,890,361	54.00
56.00 RADIOISOTOPE	1,080,114	4,820,750	5,900,864	-4,773,085	1,127,779	56.00
60.00 LABORATORY	58,436	6,545,567	6,604,003	-140,926	6,463,077	60.00
65.00 RESPIRATORY THERAPY	1,147,536	381,618	1,529,154	-224,460	1,304,694	65.00
66.00 PHYSICAL THERAPY	561,087	82,941	644,028	-425	643,603	66.00
68.00 SPEECH PATHOLOGY	0	8	8	0	8	68.00
69.00 ELECTROCARDIOLOGY	557,075	37,278	594,353	-26,716	567,637	69.00
70.00 ELECTROENCEPHALOGRAPHY	470,258	193,556	663,814	-18,916	644,898	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,517,343	14,517,343	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,314,340	15,314,340	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,176,777	5,176,777	73.00
73.01 DIABETES CENTER	279,140	39,755	318,895	-28,747	290,148	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	4,473,209	1,250,038	5,723,247	-709,894	5,013,353	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	245,319	245,319	-233,976	11,343	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,152,292	717,171	2,869,463	0	2,869,463	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	9,597,505	9,597,505	-5,612,974	3,984,531	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,569,250	168,052,437	220,621,687	0	220,621,687	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,176	21,176	0	21,176	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	20,715,999	15,182,009	35,898,008	0	35,898,008	192.00
194.00 MOB	87,870	298	88,168	0	88,168	194.00
194.01 LIFELINE	11,394	36,694	48,088	0	48,088	194.01
200.00 TOTAL (SUM OF LINES 118-199)	73,384,513	183,292,614	256,677,127	0	256,677,127	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150109

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-7,724,927	11,652,682	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,572,831	7,907,924	2.00
4.00	EMPLOYEE BENEFITS	-9,975,698	19,889,482	4.00
5.01	COMMUNICATIONS	421,352	1,078,104	5.01
5.02	MGMT INFO SYSTEMS	-11,949,921	956,951	5.02
5.03	PURCHASING	-282,297	751,287	5.03
5.04	ADMINISTRATIVE	312,188	312,188	5.04
5.05	PATIENT ACCOUNTING	2,487,762	2,487,762	5.05
5.06	ADMINISTRATIVE AND GENERAL	6,243,420	22,069,935	5.06
7.00	OPERATION OF PLANT	-723,840	8,240,574	7.00
8.00	LAUNDRY & LINEN SERVICE	600,838	600,838	8.00
9.00	HOUSEKEEPING	0	1,605,666	9.00
10.00	DIETARY	-32,307	926,747	10.00
11.00	CAFETERIA	-771,448	865,640	11.00
13.00	NURSING ADMINISTRATION	-369,133	1,895,900	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	544,782	14.00
15.00	PHARMACY	477,355	2,961,471	15.00
16.00	MEDICAL RECORDS & LIBRARY	-160,786	1,664,887	16.00
17.00	SOCIAL SERVICE	-91,429	469,717	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	2,820,618	12,667,543	30.00
31.00	INTENSIVE CARE UNIT	0	260,773	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	-214,202	1,684,556	35.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	1,172,712	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	486,686	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	23,348,671	50.00
51.00	RECOVERY ROOM	0	706,485	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,232,745	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-29,625	17,860,736	54.00
56.00	RADIOISOTOPE	0	1,127,779	56.00
60.00	LABORATORY	-187,321	6,275,756	60.00
65.00	RESPIRATORY THERAPY	-30,471	1,274,223	65.00
66.00	PHYSICAL THERAPY	2,098,494	2,742,097	66.00
68.00	SPEECH PATHOLOGY	310,344	310,352	68.00
69.00	ELECTROCARDIOLOGY	1,029,052	1,596,689	69.00
70.00	ELECTROENCEPHALOGRAPHY	-320,790	324,108	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,725,853	12,791,490	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	-105,823	15,208,517	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,176,777	73.00
73.01	DIABETES CENTER	-3,059	287,089	73.01
74.00	RENAL DIALYSIS	574,422	574,422	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-225,655	4,787,698	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	11,343	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-4,662	2,864,801	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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	-3,984,531	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-16,965,102	203,656,585	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,176	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-12,354	35,885,654	192.00
194.00	MOB	0	88,168	194.00
194.01	LIFELINE	0	48,088	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-16,977,456	239,699,671	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BUILDING RENTAL</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,308,546	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
TOTALS			0	1,308,546	
<b>B - EQUIPMENT RENTAL</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	440,749	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
TOTALS			0	440,749	
<b>C - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,517,343	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,314,340	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
TOTALS			0	29,831,683	
<b>D - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,176,777	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
TOTALS			0	5,176,777	
<b>E - LDRP</b>					
1.00	NURSERY	43.00	478,251	8,435	1.00
2.00		52.00	3,176,720	56,025	2.00
TOTALS			3,654,971	64,460	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	636,144	163,894	1.00
TOTALS			636,144	163,894	

RECLASSIFICATIONS

Provider CCN: 150109

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

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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>G - CAPITAL EXP (INT &amp; DEP)</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	811,291	1.00	
2.00		0.00	0	0	2.00	
	<b>TOTALS</b>		0	811,291		
<b>H - FSEH SHARED SERVICES</b>						
1.00	COMMUNICATIONS	5.01	386,862	0	1.00	
2.00	MGMT INFO SYSTEMS	5.02	24,455	0	2.00	
3.00	ADMINISTRATIVE	5.04	303,757	0	3.00	
4.00	PATIENT ACCOUNTING	5.05	884,158	0	4.00	
5.00	ADMINISTRATIVE AND GENERAL	5.06	1,138,801	0	5.00	
6.00	OPERATION OF PLANT	7.00	1,065,499	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	99,468	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	54,349	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	257,613	0	9.00	
10.00	EMPLOYEE BENEFITS	4.00	0	335,608	10.00	
11.00	PURCHASING	5.03	0	76,017	11.00	
12.00	ADMINISTRATIVE AND GENERAL	5.06	0	600,030	12.00	
13.00	OPERATION OF PLANT	7.00	0	534,826	13.00	
14.00	NURSING ADMINISTRATION	13.00	0	352,759	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	226,077	15.00	
16.00	SOCIAL SERVICE	17.00	0	90,815	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	14,736	17.00	
18.00	PHYSICAL THERAPY	66.00	0	78,061	18.00	
19.00	EMERGENCY	91.00	0	10,533	19.00	
	<b>TOTALS</b>		4,214,962	2,319,462		
<b>I - FSEH PURCHASED SERVICES</b>						
1.00	ADULTS & PEDIATRICS	30.00	2,617,308	0	1.00	
2.00	LABORATORY	60.00	0	25,749	2.00	
3.00	PHYSICAL THERAPY	66.00	2,049,680	0	3.00	
4.00	SPEECH PATHOLOGY	68.00	301,915	0	4.00	
5.00	ELECTROCARDIOLOGY	69.00	0	663,451	5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	668,800	6.00	
	<b>TOTALS</b>		4,968,903	1,358,000		
<b>J - INTEREST</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,529,921	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,083,053	2.00	
	<b>TOTALS</b>		0	5,612,974		
500.00	<b>Grand Total: Increases</b>		13,474,980	47,087,836	500.00	

RECLASSIFICATIONS

Provider CCN: 150109

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

Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - BUILDING RENTAL</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	472,742	10		1.00
2.00	CAFETERIA	11.00	0	36,794	10		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	189,851	10		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	382,942	10		4.00
5.00	DIABETES CENTER	73.01	0	23,387	10		5.00
6.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	202,830	10		6.00
	TOTALS		0	1,308,546			
<b>B - EQUIPMENT RENTAL</b>							
1.00	PURCHASING	5.03	0	825	10		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	440	10		2.00
3.00	OPERATION OF PLANT	7.00	0	15,995	10		3.00
4.00	HOUSEKEEPING	9.00	0	770	10		4.00
5.00	CAFETERIA	11.00	0	429	10		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,165	10		6.00
7.00	PHARMACY	15.00	0	267,662	10		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	55,075	10		8.00
9.00	OPERATING ROOM	50.00	0	52,463	10		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,330	10		10.00
11.00	RADIOISOTOPE	56.00	0	8,466	10		11.00
12.00	RESPIRATORY THERAPY	65.00	0	26,679	10		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	450	10		13.00
14.00		0.00	0	0	10		14.00
	TOTALS		0	440,749			
<b>C - MEDICAL SUPPLIES</b>							
1.00	NURSING ADMINISTRATION	13.00	0	521	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,044,327	0		2.00
3.00	PHARMACY	15.00	0	110,787	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	897,689	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	514	0		5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	70,868	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	34,594	0		7.00
8.00	OPERATING ROOM	50.00	0	20,356,518	0		8.00
9.00	RECOVERY ROOM	51.00	0	16,044	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,437,242	0		10.00
11.00	RADIOISOTOPE	56.00	0	4,760,442	0		11.00
12.00	LABORATORY	60.00	0	140,825	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	195,965	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	425	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	26,308	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,713	0		16.00
17.00	DIABETES CENTER	73.01	0	5,360	0		17.00
18.00	EMERGENCY	91.00	0	684,513	0		18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	31,028	0		19.00
	TOTALS		0	29,831,683			
<b>D - DRUGS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	420	0		1.00
2.00	PHARMACY	15.00	0	4,826,440	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	45,326	0		3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,535	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	455	0		5.00
6.00	OPERATING ROOM	50.00	0	234,743	0		6.00
7.00	RECOVERY ROOM	51.00	0	444	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,660	0		8.00
9.00	RADIOISOTOPE	56.00	0	4,177	0		9.00
10.00	LABORATORY	60.00	0	101	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	1,816	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	408	0		12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00	0	753	0		13.00
14.00	EMERGENCY	91.00	0	25,381	0		14.00
15.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	118	0		15.00
	TOTALS		0	5,176,777			
<b>E - LDRP</b>							
1.00	ADULTS & PEDIATRICS	30.00	3,654,971	64,460	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		3,654,971	64,460			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	636,144	163,894	0		1.00
	TOTALS		636,144	163,894			

RECLASSIFICATIONS

Provider CCN: 150109

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

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>G - CAPITAL EXP (INT &amp; DEP)</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,862	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	809,429	9		2.00
	TOTALS		0	811,291			
<b>H - FSEH SHARED SERVICES</b>							
1.00	COMMUNICATIONS	5.01	0	386,862	0		1.00
2.00	MGMT INFO SYSTEMS	5.02	0	24,455	0		2.00
3.00	ADMINISTRATIVE	5.04	0	303,757	0		3.00
4.00	PATIENT ACCOUNTING	5.05	0	884,158	0		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.06	0	1,138,801	0		5.00
6.00	OPERATION OF PLANT	7.00	0	1,065,499	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	99,468	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	54,349	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	257,613	0		9.00
10.00	EMPLOYEE BENEFITS	4.00	335,608	0	0		10.00
11.00	PURCHASING	5.03	76,017	0	0		11.00
12.00	ADMINISTRATIVE AND GENERAL	5.06	600,030	0	0		12.00
13.00	OPERATION OF PLANT	7.00	534,826	0	0		13.00
14.00	NURSING ADMINISTRATION	13.00	352,759	0	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	226,077	0	0		15.00
16.00	SOCIAL SERVICE	17.00	90,815	0	0		16.00
17.00	RESPIRATORY THERAPY	65.00	14,736	0	0		17.00
18.00	PHYSICAL THERAPY	66.00	78,061	0	0		18.00
19.00	EMERGENCY	91.00	10,533	0	0		19.00
	TOTALS		2,319,462	4,214,962			
<b>I - FSEH PURCHASED SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,617,308	0	0		1.00
2.00	LABORATORY	60.00	0	25,749	0		2.00
3.00	PHYSICAL THERAPY	66.00	2,049,680	0	0		3.00
4.00	SPEECH PATHOLOGY	68.00	301,915	0	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	663,451	0		5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	668,800	0		6.00
	TOTALS		4,968,903	1,358,000			
<b>J - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	5,612,974	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	5,612,974			
500.00	Grand Total: Decreases		11,579,480	48,983,336			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	8,484,796	0	0	0	1.00
2.00	Land Improvements	5,471,594	0	0	0	2.00
3.00	Buildings and Fixtures	267,614,075	1,918,416	0	1,918,416	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	75,550,338	2,387,300	0	2,387,300	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	357,120,803	4,305,716	0	4,305,716	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	357,120,803	4,305,716	0	4,305,716	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	14,539,142	0	0	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)	14,539,142	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	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: 150109

Period:  
From 01/01/2011  
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Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	8,484,796	0			1.00	
2.00	Land Improvements	5,471,594	0			2.00	
3.00	Buildings and Fixtures	269,532,491	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	77,937,638	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	361,426,519	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	361,426,519	0			10.00	
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	14,539,142			1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	14,539,142			3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,889,540	1,308,546	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,428,572	440,749	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,318,112	1,749,295	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150109

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,454,596	0	0	0	11,652,682	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,038,603	0	0	0	7,907,924	2.00
3.00	Total (sum of lines 1-2)	5,493,199	0	0	0	19,560,606	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 9:53 am

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)	B	-75,325	NEW CAP REL COSTS-BLDG & FIXT		1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-44,450	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)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,650,509			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	-12,315,528			12.00
13.00 Laundry and linen service		0			0.00 13.00
14.00 Cafeteria-employees and guests	B	-749,933	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	-21,515	CAFETERIA		11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00 28.00
29.00 Physicians' assistant			0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***		67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00 32.00
33.00 MARKETING EXP	A	-4,141	HOME HEALTH AGENCY		101.00 33.00
33.01 ADVERTISING EXP	A	-3,342	RADIOLOGY-DIAGNOSTIC		54.00 33.01
33.02 ADVERTISING EXP	A	-561	HOME HEALTH AGENCY		101.00 33.02
33.03 PROPERTY RECEIPTS	B	-4,372	ADMINISTRATIVE AND GENERAL		5.06 33.03
33.04 SILVER RECOVERY	B	-4,722	ADMINISTRATIVE AND GENERAL		5.06 33.04
33.05 BLDG RENT REV - ARNETT CLINIC	B	-54,537	NEW CAP REL COSTS-BLDG & FIXT		1.00 33.05
33.06 BLDG RENT REV - CLARIAN ARNETT BLDG	B	-722,717	NEW CAP REL COSTS-BLDG & FIXT		1.00 33.06
33.07 MISC REV	B	-93,528	ADMINISTRATIVE AND GENERAL		5.06 33.07
33.08 BLDG RENT REV	B	-154,559	NEW CAP REL COSTS-BLDG & FIXT		1.00 33.08
33.09 NCHS BLDG MGMT REV	B	-3,045	NEW CAP REL COSTS-BLDG & FIXT		1.00 33.09
33.10 MAINTENANCE/SECURITY REV	B	-66,556	OPERATION OF PLANT		7.00 33.10
33.11 EXP ALLOC -- SCMC PHYSICIANS	B	-878,174	ADMINISTRATIVE AND GENERAL		5.06 33.11
33.12 DISCOUNTS EARNED REBATES	B	29,439	EMPLOYEE BENEFITS		4.00 33.12
33.13 CAFETERIA REV	B	-294	DIETARY		10.00 33.13
33.14 MISC REV	B	-32,013	DIETARY		10.00 33.14
33.15 EDUCATION REV	B	-57,733	EMERGENCY		91.00 33.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.16 MISC REV	B	-5,398	EMERGENCY		91.00 33.16
33.17 MISC REV	B	40	HOME HEALTH AGENCY		101.00 33.17
33.18 MISC REV	B	-1,089	ADULTS & PEDIATRICS		30.00 33.18
33.19 FSEH - CENTRAL ADJ	A	-62,894	PHARMACY		15.00 33.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,977,456			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150109

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MARKETING EXP	0	33.00
33.01	ADVERTISING EXP	0	33.01
33.02	ADVERTISING EXP	0	33.02
33.03	PROPERTY RECEIPTS	0	33.03
33.04	SILVER RECOVERY	0	33.04
33.05	BLDG RENT REV - ARNETT CLINIC	9	33.05
33.06	BLDG RENT REV - CLARIAN ARNETT BLDG	9	33.06
33.07	MISC REV	0	33.07
33.08	BLDG RENT REV	9	33.08
33.09	NCHS BLDG MGMT REV	9	33.09
33.10	MAINTENANCE/SECURITY REV	0	33.10
33.11	EXP ALLOC -- SCMC PHYSICIANS	0	33.11
33.12	DISCOUNTS EARNED REBATES	0	33.12
33.13	CAFETERIA REV	0	33.13
33.14	MISC REV	0	33.14
33.15	EDUCATION REV	0	33.15
33.16	MISC REV	0	33.16
33.17	MISC REV	0	33.17
33.18	MISC REV	0	33.18
33.19	FSEH - CENTRAL ADJ	0	33.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 9:53 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	FRANCISCAN DEPRECIATION	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FRANCISCAN DEPRECIATION	2.00
3.00	113.00	INTEREST EXPENSE	FRANCISCAN INTEREST	3.00
4.00	5.06	ADMINISTRATIVE AND GENERAL	ABO/FPN	4.00
4.01	5.06	ADMINISTRATIVE AND GENERAL	FRANCISCAN A&G	4.01
4.02	15.00	PHARMACY	FRANCISCAN COEP	4.02
4.03	5.02	MGMT INFO SYSTEMS	INTERCO ASSESSMENTS - AIS	4.03
4.04	5.03	PURCHASING	INTERCO ASSESSMENTS - CENTRAL PROCUR	4.04
4.05	5.06	ADMINISTRATIVE AND GENERAL	INTERCO ASSESSMENTS - CORP/AIS	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	INTERCO ASSESSMENTS - AIS	4.06
4.07	65.00	RESPIRATORY THERAPY	INTERCO ASSESSMENTS - AIS	4.07
4.08	113.00	INTEREST EXPENSE	DEBT SERVICE ASSESSMENT	4.08
4.09	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCO ASSESSMENTS - AIS	4.09
4.10	1.00	NEW CAP REL COSTS-BLDG & FIXT	FSEH-E SHARED SERVICES	4.10
4.11	1.00	NEW CAP REL COSTS-BLDG & FIXT	FSEH-E SHARED SERVICES	4.11
4.12	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FSEH-E SHARED SERVICES	4.12
4.13	4.00	EMPLOYEE BENEFITS	FSEH-E SHARED SERVICES	4.13
4.14	5.01	COMMUNICATIONS	FSEH-E SHARED SERVICES	4.14
4.15	5.02	MGMT INFO SYSTEMS	FSEH-E SHARED SERVICES	4.15
4.16	5.03	PURCHASING	FSEH-E SHARED SERVICES	4.16
4.17	5.06	ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	4.17
4.18	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	4.18
4.19	13.00	NURSING ADMINISTRATION	FSEH-E SHARED SERVICES	4.19
4.20	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	4.20
4.21	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	4.21
4.22	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	4.22
4.23	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	4.23
4.24	91.00	EMERGENCY	FSEH-E SHARED SERVICES	4.24
4.25	5.01	COMMUNICATIONS	FSEH-C SHARED SERVICES	4.25
4.26	5.02	MGMT INFO SYSTEMS	FSEH-C SHARED SERVICES	4.26
4.27	5.04	ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	4.27
4.28	5.05	PATIENT ACCOUNTING	FSEH-C SHARED SERVICES	4.28
4.29	5.06	ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	4.29
4.30	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	4.30
4.31	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	4.31
4.32	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	4.32
4.33	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	4.33
4.34	30.00	ADULTS & PEDIATRICS	FSEH PURCHASED SERVICES	4.34
4.35	60.00	LABORATORY	FSEH PURCHASED SERVICES	4.35
4.36	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	4.36
4.37	68.00	SPEECH PATHOLOGY	FSEH PURCHASED SERVICES	4.37
4.38	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	4.38
4.39	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	4.39
4.40	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	FSEH PURCHASED SERVICES	4.40
4.41	72.00	IMPL. DEV. CHARGED TO PATIENT	FSEH PURCHASED SERVICES	4.41
4.42	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	4.42
4.43	0.00			4.43
4.44	0.00			4.44
4.45	0.00			4.45
4.46	0.00			4.46
4.47	0.00			4.47
4.48	0.00			4.48
4.49	0.00			4.49
4.50	0.00			4.50
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 9:53 am

Symbol (1)	Name	Percentage of Ownership
1.00	2.00	3.00

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

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

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

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

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

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

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 9:53 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,243,366	0	1,243,366	9	1.00
2.00	733,727	0	733,727	9	2.00
3.00	5,612,974	0	5,612,974	11	3.00
4.00	277,460	0	277,460	0	4.00
4.01	13,376,538	0	13,376,538	0	4.01
4.02	540,249	0	540,249	0	4.02
4.03	0	11,834,154	-11,834,154	0	4.03
4.04	0	169,200	-169,200	0	4.04
4.05	0	4,745,469	-4,745,469	0	4.05
4.06	0	829	-829	0	4.06
4.07	0	234	-234	0	4.07
4.08	0	9,597,505	-9,597,505	0	4.08
4.09	0	12,354	-12,354	0	4.09
4.10	0	14,539,142	-14,539,142	9	4.10
4.11	6,581,032	0	6,581,032	9	4.11
4.12	3,883,554	0	3,883,554	9	4.12
4.13	19,796,873	29,802,010	-10,005,137	0	4.13
4.14	570,904	656,752	-85,848	0	4.14
4.15	932,496	1,072,718	-140,222	0	4.15
4.16	752,112	865,209	-113,097	0	4.16
4.17	7,392,937	8,504,629	-1,111,692	0	4.17
4.18	6,443,098	8,951,823	-2,508,725	0	4.18
4.19	1,896,420	2,265,553	-369,133	0	4.19
4.20	1,477,374	1,764,941	-287,567	0	4.20
4.21	469,717	561,146	-91,429	0	4.21
4.22	75,705	90,441	-14,736	0	4.22
4.23	402,995	481,437	-78,442	0	4.23
4.24	54,116	64,649	-10,533	0	4.24
4.25	507,200	0	507,200	0	4.25
4.26	24,455	0	24,455	0	4.26
4.27	312,188	0	312,188	0	4.27
4.28	2,487,762	0	2,487,762	0	4.28
4.29	616,771	0	616,771	0	4.29
4.30	1,851,441	0	1,851,441	0	4.30
4.31	600,838	0	600,838	0	4.31
4.32	127,610	0	127,610	0	4.32
4.33	1,736,900	0	1,736,900	0	4.33
4.34	2,833,707	0	2,833,707	0	4.34
4.35	0	154,303	-154,303	0	4.35
4.36	2,176,936	0	2,176,936	0	4.36
4.37	310,344	0	310,344	0	4.37
4.38	0	707,848	-707,848	0	4.38
4.39	0	315,727	-315,727	0	4.39
4.40	0	1,725,853	-1,725,853	0	4.40
4.41	0	105,823	-105,823	0	4.41
4.42	574,422	0	574,422	0	4.42
4.43	0	0	0	0	4.43
4.44	0	0	0	0	4.44
4.45	0	0	0	0	4.45
4.46	0	0	0	0	4.46
4.47	0	0	0	0	4.47
4.48	0	0	0	0	4.48
4.49	0	0	0	0	4.49
4.50	0	0	0	0	4.50
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	86,674,221	98,989,749	-12,315,528	5.00

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

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

Provider CCN: 150109

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

Worksheet A-8-1

Date/Time Prepared:  
5/30/2012 9:53 am

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

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

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

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

6.00		ST. ELIZABETH C	0.00	HOSPITAL	6.00
7.00			0.00	HOME OFFICE	7.00
8.00		INNERVISION IMA	0.00	IMAGING CENTER	8.00
9.00		UNITY SURGICAL	0.00	SURGICAL CENTER	9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	ADMINISTRATIVE AND GENERAL	33,000	0	1.00
2.00	5.06	ADMINISTRATIVE AND GENERAL	29,025	0	2.00
3.00	5.06	ADMINISTRATIVE AND GENERAL	1,168,823	1,062,483	3.00
4.00	5.06	ADMINISTRATIVE AND GENERAL	60,833	0	4.00
5.00	5.06	ADMINISTRATIVE AND GENERAL	30,482	30,482	5.00
6.00	15.00	PHARMACY	4,500	0	6.00
7.00	30.00	ADULTS & PEDIATRICS	12,000	12,000	7.00
8.00	30.00	ADULTS & PEDIATRICS	14,400	0	8.00
9.00	35.00	NEONATAL INTENSIVE CARE UNIT	264,000	156,000	9.00
10.00	42.00	SUBPROVIDER	91,560	0	10.00
11.00	54.00	RADIOLOGY-DIAGNOSTIC	54,171	0	11.00
12.00	60.00	LABORATORY	102,667	0	12.00
13.00	65.00	RESPIRATORY THERAPY	33,300	0	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	18,000	0	14.00
15.00	73.01	DIABETES CENTER	8,250	0	15.00
16.00	91.00	EMERGENCY	254,996	0	16.00
200.00			2,180,007	1,260,965	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2012 9:53 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	33,000	171,400	241	19,859	993	1.00
2.00	29,025	171,400	223	18,376	919	2.00
3.00	106,340	171,400	409	33,703	1,685	3.00
4.00	60,833	171,400	997	82,157	4,108	4.00
5.00	0	171,400	0	0	0	5.00
6.00	4,500	171,400	56	4,615	231	6.00
7.00	0	154,100	0	0	0	7.00
8.00	14,400	154,100	197	14,595	730	8.00
9.00	108,000	152,100	681	49,798	2,490	9.00
10.00	91,560	171,400	1,124	92,622	4,631	10.00
11.00	54,171	231,100	251	27,888	1,394	11.00
12.00	102,667	219,500	660	69,649	3,482	12.00
13.00	33,300	171,400	216	17,799	890	13.00
14.00	18,000	171,400	157	12,937	647	14.00
15.00	8,250	171,400	63	5,191	260	15.00
16.00	254,996	171,400	1,250	103,005	5,150	16.00
200.00	919,042		6,525	552,194	27,610	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:  
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	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	19,859	1.00
2.00	0	0	0	0	18,376	2.00
3.00	0	0	0	0	33,703	3.00
4.00	0	0	0	0	82,157	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	4,615	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	14,595	8.00
9.00	0	0	0	0	49,798	9.00
10.00	0	0	0	0	92,622	10.00
11.00	0	0	0	0	27,888	11.00
12.00	0	0	0	0	69,649	12.00
13.00	0	0	0	0	17,799	13.00
14.00	0	0	0	0	12,937	14.00
15.00	0	0	0	0	5,191	15.00
16.00	0	0	0	0	103,005	16.00
200.00	0	0	0	0	552,194	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150109

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

Worksheet A-8-2

Date/Time Prepared:  
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	13,141	13,141	1.00
2.00	10,649	10,649	2.00
3.00	72,637	1,135,120	3.00
4.00	0	0	4.00
5.00	0	30,482	5.00
6.00	0	0	6.00
7.00	0	12,000	7.00
8.00	0	0	8.00
9.00	58,202	214,202	9.00
10.00	0	0	10.00
11.00	26,283	26,283	11.00
12.00	33,018	33,018	12.00
13.00	15,501	15,501	13.00
14.00	5,063	5,063	14.00
15.00	3,059	3,059	15.00
16.00	151,991	151,991	16.00
200.00	389,544	1,650,509	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	11,652,682	11,652,682				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	7,907,924		7,907,924			2.00
4.00 EMPLOYEE BENEFITS	19,889,482	123,603	85,133	20,098,218		4.00
5.01 COMMUNICATIONS	1,078,104	17,221	11,861	116,426	1,223,612	5.01
5.02 MGMT INFO SYSTEMS	956,951	65,887	45,380	0	37,827	5.02
5.03 PURCHASING	751,287	138,651	95,497	22,877	23,025	5.03
5.04 ADMINISTRATION	312,188	0	0	91,416	0	5.04
5.05 PATIENT ACCOUNTING	2,487,762	131,939	90,874	266,087	23,025	5.05
5.06 ADMINISTRATIVE AND GENERAL	22,069,935	625,085	430,534	530,625	120,059	5.06
7.00 OPERATION OF PLANT	8,240,574	1,535,808	1,057,804	481,618	90,455	7.00
8.00 LAUNDRY & LINEN SERVICE	600,838	0	0	29,935	1,645	8.00
9.00 HOUSEKEEPING	1,605,666	168,499	116,056	358,088	14,802	9.00
10.00 DIETARY	926,747	347,755	239,520	180,277	49,339	10.00
11.00 CAFETERIA	865,640	261,044	179,797	314,727	0	11.00
13.00 NURSING ADMINISTRATION	1,895,900	104,181	71,756	106,163	14,802	13.00
14.00 CENTRAL SERVICES & SUPPLY	544,782	162,667	112,039	132,212	6,579	14.00
15.00 PHARMACY	2,961,471	142,007	97,809	647,884	37,827	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,664,887	58,899	40,567	84,394	27,959	16.00
17.00 SOCIAL SERVICE	469,717	22,393	15,424	27,331	14,802	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	12,667,543	2,372,994	1,634,427	2,909,724	189,132	30.00
31.00 INTENSIVE CARE UNIT	260,773	399,034	274,839	78,102	36,182	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	1,684,556	229,875	158,329	482,231	27,959	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	1,172,712	0	0	319,413	39,471	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	486,686	84,539	58,227	143,930	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	23,348,671	921,286	634,546	1,044,397	39,471	50.00
51.00 RECOVERY ROOM	706,485	87,235	60,084	211,148	13,157	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,232,745	561,592	386,802	956,034	42,761	52.00
54.00 RADIOLOGY-DIAGNOSTIC	17,860,736	750,394	516,842	1,137,056	98,678	54.00
56.00 RADIOISOTOPE	1,127,779	294,138	202,591	325,060	0	56.00
60.00 LABORATORY	6,275,756	212,268	146,202	17,586	72,364	60.00
65.00 RESPIRATORY THERAPY	1,274,223	177,715	122,403	322,568	55,918	65.00
66.00 PHYSICAL THERAPY	2,742,097	67,290	46,347	48,167	9,868	66.00
68.00 SPEECH PATHOLOGY	310,352	6,795	4,680	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,596,689	234,661	161,626	245,180	9,868	69.00
70.00 ELECTROENCEPHALOGRAPHY	324,108	8,886	6,120	141,524	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,791,490	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	15,208,517	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,176,777	0	0	0	0	73.00
73.01 DIABETES CENTER	287,089	0	0	84,007	9,868	73.01
74.00 RENAL DIALYSIS	574,422	12,710	8,754	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	4,787,698	1,154,325	795,054	1,329,926	52,628	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	11,343	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,864,801	0	0	647,732	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	203,656,585	11,481,376	7,907,924	13,833,845	1,159,471	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,176	163,328	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	35,885,654	7,978	0	6,234,500	0	192.00
194.00 MOB	88,168	0	0	26,444	64,141	194.00
194.01 LI FELINE	48,088	0	0	3,429	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	239,699,671	11,652,682	7,907,924	20,098,218	1,223,612	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	MGMT INFO SYSTEMS	1,106,045					5.02
5.03	PURCHASING	14,011	1,045,348				5.03
5.04	ADMINISTRATIVE	8,404	7	412,015			5.04
5.05	PATIENT ACCOUNTING	27,391	19	0	3,027,097		5.05
5.06	ADMINISTRATIVE AND GENERAL	69,929	560	0	0	23,846,727	5.06
7.00	OPERATION OF PLANT	60,112	101	0	0	11,466,472	7.00
8.00	LAUNDRY & LINEN SERVICE	3,812	0	0	0	636,230	8.00
9.00	HOUSEKEEPING	42,614	751	0	0	2,306,476	9.00
10.00	DIETARY	17,521	234	0	0	1,761,393	10.00
11.00	CAFETERIA	33,348	248	0	0	1,654,804	11.00
13.00	NURSING ADMINISTRATION	20,843	14	0	0	2,213,659	13.00
14.00	CENTRAL SERVICES & SUPPLY	12,335	34,128	0	0	1,004,742	14.00
15.00	PHARMACY	26,020	3,620	0	0	3,916,638	15.00
16.00	MEDICAL RECORDS & LIBRARY	28,503	19	0	0	1,905,228	16.00
17.00	SOCIAL SERVICE	8,705	0	0	0	558,372	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	152,074	20,249	22,075	162,226	20,130,444	30.00
31.00	INTENSIVE CARE UNIT	8,454	17	5,526	40,607	1,103,534	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	23,274	2,316	7,166	52,664	2,668,370	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	18,030	1,130	2,428	17,843	1,571,027	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	6,710	1,189	1,193	8,768	791,242	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	53,262	668,444	64,956	477,351	27,252,384	50.00
51.00	RECOVERY ROOM	8,484	524	5,278	38,785	1,131,180	51.00
52.00	DELIVERY ROOM & LABOR ROOM	44,596	7,898	8,363	61,459	5,302,250	52.00
54.00	RADIOLOGY-DIAGNOSTIC	58,389	54,839	73,967	542,841	21,093,742	54.00
56.00	RADIOISOTOPE	14,227	155,566	27,194	199,844	2,346,399	56.00
60.00	LABORATORY	900	47,382	35,812	263,173	7,071,443	60.00
65.00	RESPIRATORY THERAPY	18,471	9,318	4,944	36,332	2,021,892	65.00
66.00	PHYSICAL THERAPY	8,580	14	3,975	29,211	2,955,549	66.00
68.00	SPEECH PATHOLOGY	0	0	438	3,220	325,485	68.00
69.00	ELECTROCARDIOLOGY	13,460	862	9,779	71,865	2,343,990	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,932	579	616	4,526	494,291	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	28,271	207,758	13,027,519	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	56,425	414,658	15,679,600	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	24,138	177,389	5,378,304	73.00
73.01	DIABETES CENTER	5,063	175	275	2,020	388,497	73.01
74.00	RENAL DIALYSIS	0	0	388	2,850	599,124	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	74,358	22,369	23,203	170,514	8,410,075	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	1,014	2,278	16,741	31,376	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	34,311	2,212	3,327	24,452	3,576,835	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	924,123	1,035,798	412,015	3,027,097	196,965,293	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40	0	0	184,544	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	178,136	9,510	0	0	42,315,778	192.00
194.00	MOB	3,301	0	0	0	182,054	194.00
194.01	LIFELINE	485	0	0	0	52,002	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,106,045	1,045,348	412,015	3,027,097	239,699,671	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.06	7.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	EMPLOYEE BENEFITS					4.00	
5.01	COMMUNICATIONS					5.01	
5.02	MGMT INFO SYSTEMS					5.02	
5.03	PURCHASING					5.03	
5.04	ADMINISTRATIVE					5.04	
5.05	PATIENT ACCOUNTING					5.05	
5.06	ADMINISTRATIVE AND GENERAL	23,846,727				5.06	
7.00	OPERATION OF PLANT	1,266,781	12,733,253			7.00	
8.00	LAUNDRY & LINEN SERVICE	70,289	0	706,519		8.00	
9.00	HOUSEKEEPING	254,813	238,011	16,136	2,815,436	9.00	
10.00	DIETARY	194,593	491,216	18,619	110,681	2,576,502	10.00
11.00	CAFETERIA	182,818	368,732	0	83,083	0	11.00
13.00	NURSING ADMINISTRATION	244,558	147,159	0	33,158	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	111,001	229,773	20,014	51,773	0	14.00
15.00	PHARMACY	432,698	200,590	0	45,197	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	210,484	83,197	0	18,746	0	16.00
17.00	SOCIAL SERVICE	61,687	31,631	0	7,127	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,223,951	3,351,932	264,368	755,260	2,360,682	30.00
31.00	INTENSIVE CARE UNIT	121,915	563,649	38,599	127,002	215,820	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	294,794	324,705	15,640	73,163	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	173,562	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	13,246	0	0	42.00
43.00	NURSERY	87,414	119,413	25,704	26,906	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	3,010,762	1,301,346	122,370	293,220	0	50.00
51.00	RECOVERY ROOM	124,969	123,222	22,502	27,764	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	585,777	793,266	27,482	178,739	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,330,373	1,059,955	39,617	238,830	0	54.00
56.00	RADIOISOTOPE	259,223	415,480	2,838	93,616	0	56.00
60.00	LABORATORY	781,232	299,835	4,585	67,559	0	60.00
65.00	RESPIRATORY THERAPY	223,373	251,029	4,937	56,562	0	65.00
66.00	PHYSICAL THERAPY	326,520	95,049	4,892	21,416	0	66.00
68.00	SPEECH PATHOLOGY	35,959	9,598	0	2,163	0	68.00
69.00	ELECTROCARDIOLOGY	258,957	331,467	3,795	74,686	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	54,608	12,551	0	2,828	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,439,241	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,732,235	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	594,179	0	0	0	0	73.00
73.01	DIABETES CENTER	42,920	0	0	0	0	73.01
74.00	RENAL DIALYSIS	66,189	17,953	0	4,045	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	929,120	1,630,520	61,175	367,390	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	3,466	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	395,158	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	19,125,619	12,491,279	706,519	2,760,914	2,576,502	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,388	230,705	0	51,983	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,674,862	11,269	0	2,539	0	192.00
194.00	MOB	20,113	0	0	0	0	194.00
194.01	LIFELINE	5,745	0	0	0	0	194.01
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)	23,846,727	12,733,253	706,519	2,815,436	2,576,502	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	MGMT INFO SYSTEMS						5.02
5.03	PURCHASING						5.03
5.04	ADMINISTRATIVE						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	2,289,437					11.00
13.00	NURSING ADMINISTRATION	57,570	2,696,104				13.00
14.00	CENTRAL SERVICES & SUPPLY	34,069	66,955	1,518,327			14.00
15.00	PHARMACY	71,867	0	0	4,666,990		15.00
16.00	MEDICAL RECORDS & LIBRARY	78,726	0	0	0	2,296,381	16.00
17.00	SOCIAL SERVICE	24,042	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	420,029	825,483	0	0	123,056	30.00
31.00	INTENSIVE CARE UNIT	23,350	45,833	0	0	30,802	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	64,284	126,337	0	0	39,948	35.00
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	49,798	97,868	0	0	13,535	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	18,534	36,425	0	0	6,651	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	147,109	284,038	0	0	362,092	50.00
51.00	RECOVERY ROOM	23,433	46,053	0	0	29,420	51.00
52.00	DELIVERY ROOM & LABOR ROOM	123,174	242,075	0	0	46,619	52.00
54.00	RADIOLOGY-DIAGNOSTIC	161,271	0	0	0	411,961	54.00
56.00	RADIOISOTOPE	39,294	77,225	0	0	151,591	56.00
60.00	LABORATORY	2,485	0	0	0	199,629	60.00
65.00	RESPIRATORY THERAPY	51,016	100,262	0	0	27,559	65.00
66.00	PHYSICAL THERAPY	23,697	46,567	0	0	22,158	66.00
68.00	SPEECH PATHOLOGY	0	0	0	0	2,443	68.00
69.00	ELECTROCARDIOLOGY	37,177	58,003	0	0	54,513	69.00
70.00	ELECTROENCEPHALOGRAPHY	21,907	43,054	0	0	3,433	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	743,980	0	157,594	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	774,347	0	314,537	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	4,666,990	134,557	73.00
73.01	DIABETES CENTER	13,984	27,483	0	0	1,532	73.01
74.00	RENAL DIALYSIS	0	0	0	0	2,162	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	205,377	386,198	0	0	129,342	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	12,699	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	94,767	186,245	0	0	18,548	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,786,960	2,696,104	1,518,327	4,666,990	2,296,381	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	492,017	0	0	0	0	192.00
194.00	MOB	9,119	0	0	0	0	194.00
194.01	LIFELINE	1,341	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,289,437	2,696,104	1,518,327	4,666,990	2,296,381	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150109

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

Worksheet B  
Part I  
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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 MGMT INFO SYSTEMS					5.02
5.03 PURCHASING					5.03
5.04 ADMINITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	682,859				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	443,622	30,898,827	0	30,898,827	30.00
31.00 INTENSIVE CARE UNIT	48,281	2,318,785	0	2,318,785	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	58,928	3,666,169	0	3,666,169	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	62,030	1,967,820	0	1,967,820	41.00
42.00 SUBPROVIDER	0	13,246	0	13,246	42.00
43.00 NURSERY	69,998	1,182,287	0	1,182,287	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	32,773,321	0	32,773,321	50.00
51.00 RECOVERY ROOM	0	1,528,543	0	1,528,543	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	7,299,382	0	7,299,382	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	25,335,749	0	25,335,749	54.00
56.00 RADIOISOTOPE	0	3,385,666	0	3,385,666	56.00
60.00 LABORATORY	0	8,426,768	0	8,426,768	60.00
65.00 RESPIRATORY THERAPY	0	2,736,630	0	2,736,630	65.00
66.00 PHYSICAL THERAPY	0	3,495,848	0	3,495,848	66.00
68.00 SPEECH PATHOLOGY	0	375,648	0	375,648	68.00
69.00 ELECTROCARDIOLOGY	0	3,162,588	0	3,162,588	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	632,672	0	632,672	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,368,334	0	15,368,334	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	18,500,719	0	18,500,719	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,774,030	0	10,774,030	73.00
73.01 DIABETES CENTER	0	474,416	0	474,416	73.01
74.00 RENAL DIALYSIS	0	689,473	0	689,473	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 EMERGENCY	0	12,119,197	0	12,119,197	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	47,541	0	47,541	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	4,271,553	0	4,271,553	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	682,859	191,445,212	0	191,445,212	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	487,620	0	487,620	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	47,496,465	0	47,496,465	192.00
194.00 MOB	0	211,286	0	211,286	194.00
194.01 LI FELINE	0	59,088	0	59,088	194.01
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	682,859	239,699,671	0	239,699,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	123,603	85,133	208,736	208,736
5.01	COMMUNICATIONS	0	17,221	11,861	29,082	1,209
5.02	MGMT INFO SYSTEMS	0	65,887	45,380	111,267	0
5.03	PURCHASING	825	138,651	95,497	234,973	238
5.04	ADMINISTRATIVE	0	0	0	0	950
5.05	PATIENT ACCOUNTING	0	131,939	90,874	222,813	2,764
5.06	ADMINISTRATIVE AND GENERAL	473,182	625,085	430,534	1,528,801	5,512
7.00	OPERATION OF PLANT	15,995	1,535,808	1,057,804	2,609,607	5,003
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	311
9.00	HOUSEKEEPING	770	168,499	116,056	285,325	3,719
10.00	DIETARY	0	347,755	239,520	587,275	1,873
11.00	CAFETERIA	37,224	261,044	179,797	478,065	3,269
13.00	NURSING ADMINISTRATION	0	104,181	71,756	175,937	1,103
14.00	CENTRAL SERVICES & SUPPLY	100,281	162,667	112,039	374,987	1,373
15.00	PHARMACY	267,662	142,007	97,809	507,478	6,730
16.00	MEDICAL RECORDS & LIBRARY	0	58,899	40,567	99,466	877
17.00	SOCIAL SERVICE	0	22,393	15,424	37,817	284
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	244,926	2,372,994	1,634,427	4,252,347	30,224
31.00	INTENSIVE CARE UNIT	0	399,034	274,839	673,873	811
35.00	NEONATAL INTENSIVE CARE UNIT	0	229,875	158,329	388,204	5,009
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	3,318
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	84,539	58,227	142,766	1,495
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	52,463	921,286	634,546	1,608,295	10,848
51.00	RECOVERY ROOM	0	87,235	60,084	147,319	2,193
52.00	DELIVERY ROOM & LABOR ROOM	0	561,592	386,802	948,394	9,930
54.00	RADIOLOGY-DIAGNOSTIC	386,492	750,394	516,842	1,653,728	11,811
56.00	RADIOISOTOPE	8,466	294,138	202,591	505,195	3,376
60.00	LABORATORY	0	212,268	146,202	358,470	183
65.00	RESPIRATORY THERAPY	26,679	177,715	122,403	326,797	3,351
66.00	PHYSICAL THERAPY	0	67,290	46,347	113,637	500
68.00	SPEECH PATHOLOGY	0	6,795	4,680	11,475	0
69.00	ELECTROCARDIOLOGY	0	234,661	161,626	396,287	2,547
70.00	ELECTROENCEPHALOGRAPHY	450	8,886	6,120	15,456	1,470
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	DIABETES CENTER	23,387	0	0	23,387	873
74.00	RENAL DIALYSIS	0	12,710	8,754	21,464	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	0	1,154,325	795,054	1,949,379	13,814
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)	202,830	0	0	202,830	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	6,728
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,841,632	11,481,376	7,907,924	21,230,932	143,696
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,328	0	163,328	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	7,978	0	7,978	64,729
194.00	MOB	0	0	0	0	275
194.01	LIFELINE	0	0	0	0	36
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,841,632	11,652,682	7,907,924	21,402,238	208,736

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		COMMUNICATIONS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS	30,291					5.01
5.02	MGMT INFO SYSTEMS	936	112,203				5.02
5.03	PURCHASING	570	1,421	237,202			5.03
5.04	ADMINITTING	0	853	1	1,804		5.04
5.05	PATIENT ACCOUNTING	570	2,779	4	0	228,930	5.05
5.06	ADMINISTRATIVE AND GENERAL	2,972	7,094	127	0	0	5.06
7.00	OPERATION OF PLANT	2,239	6,098	23	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	41	387	0	0	0	8.00
9.00	HOUSEKEEPING	366	4,323	170	0	0	9.00
10.00	DIETARY	1,221	1,777	53	0	0	10.00
11.00	CAFETERIA	0	3,383	56	0	0	11.00
13.00	NURSING ADMINISTRATION	366	2,114	3	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	163	1,251	7,744	0	0	14.00
15.00	PHARMACY	936	2,640	821	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	692	2,892	4	0	0	16.00
17.00	SOCIAL SERVICE	366	883	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	4,685	15,427	4,595	106	12,256	30.00
31.00	INTENSIVE CARE UNIT	896	858	4	27	3,068	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	692	2,361	525	34	3,979	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	977	1,829	257	12	1,348	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	681	270	6	662	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	977	5,403	151,682	312	36,064	50.00
51.00	RECOVERY ROOM	326	861	119	25	2,930	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,059	4,524	1,792	40	4,643	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,443	5,923	12,443	180	41,246	54.00
56.00	RADIOISOTOPE	0	1,443	35,299	131	15,098	56.00
60.00	LABORATORY	1,791	91	10,751	172	19,883	60.00
65.00	RESPIRATORY THERAPY	1,384	1,874	2,114	24	2,745	65.00
66.00	PHYSICAL THERAPY	244	870	3	19	2,207	66.00
68.00	SPEECH PATHOLOGY	0	0	0	2	243	68.00
69.00	ELECTROCARDIOLOGY	244	1,365	196	47	5,429	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	805	131	3	342	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	136	15,696	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	271	31,327	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	116	13,402	73.00
73.01	DIABETES CENTER	244	514	40	1	153	73.01
74.00	RENAL DIALYSIS	0	0	0	2	215	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	1,303	7,543	5,076	111	12,882	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	230	11	1,265	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	3,481	502	16	1,847	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	28,703	93,748	235,035	1,804	228,930	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	18,071	2,158	0	0	192.00
194.00	MOB	1,588	335	0	0	0	194.00
194.01	LIFELINE	0	49	0	0	0	194.01
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)	30,291	112,203	237,202	1,804	228,930	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	MGMT INFO SYSTEMS						5.02
5.03	PURCHASING						5.03
5.04	ADMINISTRATIVE						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	ADMINISTRATIVE AND GENERAL	1,544,506					5.06
7.00	OPERATION OF PLANT	82,043	2,705,013				7.00
8.00	LAUNDRY & LINEN SERVICE	4,552	0	5,291			8.00
9.00	HOUSEKEEPING	16,503	50,562	121	361,089		9.00
10.00	DIETARY	12,603	104,352	139	14,195	723,488	10.00
11.00	CAFETERIA	11,840	78,332	0	10,656	0	11.00
13.00	NURSING ADMINISTRATION	15,839	31,262	0	4,253	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,189	48,812	150	6,640	0	14.00
15.00	PHARMACY	28,024	42,613	0	5,797	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	13,632	17,674	0	2,404	0	16.00
17.00	SOCIAL SERVICE	3,995	6,720	0	914	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	144,033	712,074	1,981	96,863	662,885	30.00
31.00	INTENSIVE CARE UNIT	7,896	119,740	289	16,288	60,603	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	19,092	68,979	117	9,383	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	11,241	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	99	0	0	42.00
43.00	NURSERY	5,661	25,368	192	3,451	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	194,991	276,454	916	37,606	0	50.00
51.00	RECOVERY ROOM	8,094	26,177	169	3,561	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	37,938	168,519	206	22,924	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	150,926	225,174	297	30,631	0	54.00
56.00	RADIOISOTOPE	16,788	88,263	21	12,007	0	56.00
60.00	LABORATORY	50,596	63,696	34	8,665	0	60.00
65.00	RESPIRATORY THERAPY	14,467	53,328	37	7,254	0	65.00
66.00	PHYSICAL THERAPY	21,147	20,192	37	2,747	0	66.00
68.00	SPEECH PATHOLOGY	2,329	2,039	0	277	0	68.00
69.00	ELECTROCARDIOLOGY	16,771	70,416	28	9,579	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,537	2,666	0	363	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,212	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	112,188	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	38,482	0	0	0	0	73.00
73.01	DIABETES CENTER	2,780	0	0	0	0	73.01
74.00	RENAL DIALYSIS	4,287	3,814	0	519	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	60,174	346,383	458	47,119	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	224	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	25,592	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,238,666	2,653,609	5,291	354,096	723,488	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,320	49,010	0	6,667	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	302,845	2,394	0	326	0	192.00
194.00	MOB	1,303	0	0	0	0	194.00
194.01	LIFELINE	372	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,544,506	2,705,013	5,291	361,089	723,488	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	COMMUNICATIONS						5.01
5.02	MGMT INFO SYSTEMS						5.02
5.03	PURCHASING						5.03
5.04	ADMINISTRATIVE						5.04
5.05	PATIENT ACCOUNTING						5.05
5.06	ADMINISTRATIVE AND GENERAL						5.06
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	585,601					11.00
13.00	NURSING ADMINISTRATION	14,725	245,602				13.00
14.00	CENTRAL SERVICES & SUPPLY	8,714	6,099	463,122			14.00
15.00	PHARMACY	18,382	0	0	613,421		15.00
16.00	MEDICAL RECORDS & LIBRARY	20,137	0	0	0	157,778	16.00
17.00	SOCIAL SERVICE	6,150	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	107,437	75,197	0	0	8,442	30.00
31.00	INTENSIVE CARE UNIT	5,972	4,175	0	0	2,113	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	16,443	11,509	0	0	2,740	35.00
40.00	SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - 1RF	12,738	8,915	0	0	928	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,741	3,318	0	0	456	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	37,628	25,875	0	0	24,839	50.00
51.00	RECOVERY ROOM	5,994	4,195	0	0	2,018	51.00
52.00	DELIVERY ROOM & LABOR ROOM	31,506	22,052	0	0	3,198	52.00
54.00	RADIOLOGY-DIAGNOSTIC	41,251	0	0	0	28,508	54.00
56.00	RADIOISOTOPE	10,051	7,035	0	0	10,399	56.00
60.00	LABORATORY	636	0	0	0	13,694	60.00
65.00	RESPIRATORY THERAPY	13,049	9,133	0	0	1,891	65.00
66.00	PHYSICAL THERAPY	6,061	4,242	0	0	1,520	66.00
68.00	SPEECH PATHOLOGY	0	0	0	0	168	68.00
69.00	ELECTROCARDIOLOGY	9,509	5,284	0	0	3,740	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,603	3,922	0	0	236	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	226,930	0	10,811	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	236,192	0	21,577	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	613,421	9,231	73.00
73.01	DIABETES CENTER	3,577	2,504	0	0	105	73.01
74.00	RENAL DIALYSIS	0	0	0	0	148	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	52,532	35,181	0	0	8,873	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	871	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	24,240	16,966	0	0	1,272	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	457,076	245,602	463,122	613,421	157,778	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	125,850	0	0	0	0	192.00
194.00	MOB	2,332	0	0	0	0	194.00
194.01	LIFELINE	343	0	0	0	0	194.01
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)	585,601	245,602	463,122	613,421	157,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150109

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 COMMUNICATIONS					5.01
5.02 MGMT INFO SYSTEMS					5.02
5.03 PURCHASING					5.03
5.04 ADMINITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	57,129				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	37,114	6,165,666	0	6,165,666	30.00
31.00 INTENSIVE CARE UNIT	4,039	900,652	0	900,652	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	4,930	533,997	0	533,997	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	5,190	46,753	0	46,753	41.00
42.00 SUBPROVIDER	0	99	0	99	42.00
43.00 NURSERY	5,856	194,923	0	194,923	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	2,411,890	0	2,411,890	50.00
51.00 RECOVERY ROOM	0	203,981	0	203,981	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,256,725	0	1,256,725	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	2,204,561	0	2,204,561	54.00
56.00 RADIOISOTOPE	0	705,106	0	705,106	56.00
60.00 LABORATORY	0	528,662	0	528,662	60.00
65.00 RESPIRATORY THERAPY	0	437,448	0	437,448	65.00
66.00 PHYSICAL THERAPY	0	173,426	0	173,426	66.00
68.00 SPEECH PATHOLOGY	0	16,533	0	16,533	68.00
69.00 ELECTROCARDIOLOGY	0	521,442	0	521,442	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	34,534	0	34,534	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	346,785	0	346,785	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	401,555	0	401,555	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	674,652	0	674,652	73.00
73.01 DIABETES CENTER	0	34,178	0	34,178	73.01
74.00 RENAL DIALYSIS	0	30,449	0	30,449	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 EMERGENCY	0	2,540,828	0	2,540,828	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	205,431	0	205,431	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	80,644	0	80,644	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	57,129	20,650,920	0	20,650,920	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	220,334	0	220,334	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	524,351	0	524,351	192.00
194.00 MOB	0	5,833	0	5,833	194.00
194.01 LI FELINE	0	800	0	800	194.01
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	57,129	21,402,238	0	21,402,238	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	423,578				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		417,351			2.00
4.00	EMPLOYEE BENEFITS	4,493	4,493	66,782,519		4.00
5.01	COMMUNICATIONS	626	626	386,862	744	5.01
5.02	MGMT INFO SYSTEMS	2,395	2,395	0	23	2,460,702
5.03	PURCHASING	5,040	5,040	76,017	14	31,171
5.04	ADMINISTRATIVE	0	0	303,757	0	18,697
5.05	PATIENT ACCOUNTING	4,796	4,796	884,158	14	60,938
5.06	ADMINISTRATIVE AND GENERAL	22,722	22,722	1,763,165	73	155,577
7.00	OPERATION OF PLANT	55,827	55,827	1,600,325	55	133,735
8.00	LAUNDRY & LINEN SERVICE	0	0	99,468	1	8,481
9.00	HOUSEKEEPING	6,125	6,125	1,189,859	9	94,806
10.00	DIETARY	12,641	12,641	599,027	30	38,980
11.00	CAFETERIA	9,489	9,489	1,045,779	0	74,192
13.00	NURSING ADMINISTRATION	3,787	3,787	352,760	9	46,372
14.00	CENTRAL SERVICES & SUPPLY	5,913	5,913	439,314	4	27,442
15.00	PHARMACY	5,162	5,162	2,152,796	23	57,888
16.00	MEDICAL RECORDS & LIBRARY	2,141	2,141	280,426	17	63,413
17.00	SOCIAL SERVICE	814	814	90,815	9	19,366
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	86,259	86,259	9,668,464	115	338,330
31.00	INTENSIVE CARE UNIT	14,505	14,505	259,517	22	18,808
35.00	NEONATAL INTENSIVE CARE UNIT	8,356	8,356	1,602,364	17	51,780
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	1,061,348	24	40,112
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	3,073	3,073	478,251	0	14,929
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	33,489	33,489	3,470,335	24	118,495
51.00	RECOVERY ROOM	3,171	3,171	701,605	8	18,875
52.00	DELIVERY ROOM & LABOR ROOM	20,414	20,414	3,176,720	26	99,216
54.00	RADIOLOGY-DIAGNOSTIC	27,277	27,277	3,778,222	60	129,903
56.00	RADIOISOTOPE	10,692	10,692	1,080,114	0	31,651
60.00	LABORATORY	7,716	7,716	58,436	44	2,002
65.00	RESPIRATORY THERAPY	6,460	6,460	1,071,831	34	41,093
66.00	PHYSICAL THERAPY	2,446	2,446	160,050	6	19,088
68.00	SPEECH PATHOLOGY	247	247	0	0	0
69.00	ELECTROCARDIOLOGY	8,530	8,530	814,688	6	29,946
70.00	ELECTROENCEPHALOGRAPHY	323	323	470,258	0	17,646
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	DIABETES CENTER	0	0	279,140	6	11,264
74.00	RENAL DIALYSIS	462	462	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	41,960	41,960	4,419,093	32	165,430
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	2,152,292	0	76,334
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
113.00	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	417,351	417,351	45,967,256	705	2,055,960
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,937	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	290	0	20,715,999	0	396,317
194.00	MOB	0	0	87,870	39	7,345
194.01	LIFELINE	0	0	11,394	0	1,080
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	11,652,682	7,907,924	20,098,218	1,223,612	1,106,045
203.00	Unit cost multiplier (Wkst. B, Part I)	27.510121	18.947898	0.300950	1,644.639785	0.449484
204.00	Cost to be allocated (per Wkst. B, Part II)			208,736	30,291	112,203

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003126	40.713710	0.045598	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	PURCHASING (COSTED REQUISITION)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 MGMT INFO SYSTEMS						5.02
5.03 PURCHASING	31,988,825					5.03
5.04 ADMITTING	199	659,086,277				5.04
5.05 PATIENT ACCOUNTING	594	0	659,086,277			5.05
5.06 ADMINISTRATIVE AND GENERAL	17,138	0	0	-23,846,727	215,852,944	5.06
7.00 OPERATION OF PLANT	3,076	0	0	0	11,466,472	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	636,230	8.00
9.00 HOUSEKEEPING	22,986	0	0	0	2,306,476	9.00
10.00 DIETARY	7,151	0	0	0	1,761,393	10.00
11.00 CAFETERIA	7,594	0	0	0	1,654,804	11.00
13.00 NURSING ADMINISTRATION	436	0	0	0	2,213,659	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,044,327	0	0	0	1,004,742	14.00
15.00 PHARMACY	110,787	0	0	0	3,916,638	15.00
16.00 MEDICAL RECORDS & LIBRARY	585	0	0	0	1,905,228	16.00
17.00 SOCIAL SERVICE	15	0	0	0	558,372	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	619,637	35,320,185	35,320,185	0	20,130,444	30.00
31.00 INTENSIVE CARE UNIT	514	8,841,006	8,841,006	0	1,103,534	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	70,868	11,466,196	11,466,196	0	2,668,370	35.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	34,594	3,884,900	3,884,900	0	1,571,027	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	36,383	1,909,087	1,909,087	0	791,242	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	20,455,290	103,930,078	103,930,078	0	27,252,384	50.00
51.00 RECOVERY ROOM	16,044	8,444,310	8,444,310	0	1,131,180	51.00
52.00 DELIVERY ROOM & LABOR ROOM	241,669	13,380,931	13,380,931	0	5,302,250	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,678,102	118,207,881	118,207,881	0	21,093,742	54.00
56.00 RADIOISOTOPE	4,760,442	43,510,533	43,510,533	0	2,346,399	56.00
60.00 LABORATORY	1,449,934	57,298,776	57,298,776	0	7,071,443	60.00
65.00 RESPIRATORY THERAPY	285,122	7,910,248	7,910,248	0	2,021,892	65.00
66.00 PHYSICAL THERAPY	425	6,359,878	6,359,878	0	2,955,549	66.00
68.00 SPEECH PATHOLOGY	0	701,077	701,077	0	325,485	68.00
69.00 ELECTROCARDIOLOGY	26,372	15,646,656	15,646,656	0	2,343,990	69.00
70.00 ELECTROENCEPHALOGRAPHY	17,713	985,434	985,434	0	494,291	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,233,549	45,233,549	0	13,027,519	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	90,280,457	90,280,457	0	15,679,600	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	38,621,524	38,621,524	0	5,378,304	73.00
73.01 DIABETES CENTER	5,360	439,737	439,737	0	388,497	73.01
74.00 RENAL DIALYSIS	0	620,544	620,544	0	599,124	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	684,521	37,124,706	37,124,706	0	8,410,075	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	31,028	3,644,829	3,644,829	0	31,376	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	67,682	5,323,755	5,323,755	0	3,576,835	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	31,696,588	659,086,277	659,086,277	-23,846,727	173,118,566	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,221	0	0	0	184,544	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	291,016	0	0	0	42,315,778	192.00
194.00 MOB	0	0	0	0	182,054	194.00
194.01 LIFELINE	0	0	0	0	52,002	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,045,348	412,015	3,027,097		23,846,727	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.032679	0.000625	0.004593		0.110477	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	237,202	1,804	228,930		1,544,506	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.007415	0.000003	0.000347		0.007155	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 MGMT INFO SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT	327,679					7.00
8.00 LAUNDRY & LINEN SERVICE	0	830,076				8.00
9.00 HOUSEKEEPING	6,125	18,958	321,554			9.00
10.00 DIETARY	12,641	21,875	12,641	135,033		10.00
11.00 CAFETERIA	9,489	0	9,489	0	1,844,125	11.00
13.00 NURSING ADMINISTRATION	3,787	0	3,787	0	46,372	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,913	23,514	5,913	0	27,442	14.00
15.00 PHARMACY	5,162	0	5,162	0	57,888	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,141	0	2,141	0	63,413	16.00
17.00 SOCIAL SERVICE	814	0	814	0	19,366	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	86,259	310,604	86,259	123,722	338,330	30.00
31.00 INTENSIVE CARE UNIT	14,505	45,349	14,505	11,311	18,808	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	8,356	18,375	8,356	0	51,780	35.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	40,112	41.00
42.00 SUBPROVIDER	0	15,562	0	0	0	42.00
43.00 NURSERY	3,073	30,199	3,073	0	14,929	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	33,489	143,770	33,489	0	118,495	50.00
51.00 RECOVERY ROOM	3,171	26,437	3,171	0	18,875	51.00
52.00 DELIVERY ROOM & LABOR ROOM	20,414	32,288	20,414	0	99,216	52.00
54.00 RADIOLOGY-DIAGNOSTIC	27,277	46,545	27,277	0	129,903	54.00
56.00 RADIOISOTOPE	10,692	3,334	10,692	0	31,651	56.00
60.00 LABORATORY	7,716	5,387	7,716	0	2,002	60.00
65.00 RESPIRATORY THERAPY	6,460	5,800	6,460	0	41,093	65.00
66.00 PHYSICAL THERAPY	2,446	5,747	2,446	0	19,088	66.00
68.00 SPEECH PATHOLOGY	247	0	247	0	0	68.00
69.00 ELECTROCARDIOLOGY	8,530	4,459	8,530	0	29,946	69.00
70.00 ELECTROENCEPHALOGRAPHY	323	0	323	0	17,646	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 DIABETES CENTER	0	0	0	0	11,264	73.01
74.00 RENAL DIALYSIS	462	0	462	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	41,960	71,873	41,960	0	165,430	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	76,334	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	321,452	830,076	315,327	135,033	1,439,383	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,937	0	5,937	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	290	0	290	0	396,317	192.00
194.00 MOB	0	0	0	0	7,345	194.00
194.01 LIFELINE	0	0	0	0	1,080	194.01
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)	12,733,253	706,519	2,815,436	2,576,502	2,289,437	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	38.858923	0.851150	8.755718	19.080536	1.241476	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,705,013	5,291	361,089	723,488	585,601	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	8.255070	0.006374	1.122950	5.357861	0.317550	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150109

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 COMMUNICATIONS						5.01
5.02 MGMT INFO SYSTEMS						5.02
5.03 PURCHASING						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	1,105,017					13.00
14.00 CENTRAL SERVICES & SUPPLY	27,442	100				14.00
15.00 PHARMACY	0	0	100			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	659,086,277		16.00
17.00 SOCIAL SERVICE	0	0	0	0	38,739	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	338,330	0	0	35,320,185	25,167	30.00
31.00 INTENSIVE CARE UNIT	18,785	0	0	8,841,006	2,739	31.00
35.00 NEONATAL INTENSIVE CARE UNIT	51,780	0	0	11,466,196	3,343	35.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	40,112	0	0	3,884,900	3,519	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	14,929	0	0	1,909,087	3,971	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	116,415	0	0	103,930,078	0	50.00
51.00 RECOVERY ROOM	18,875	0	0	8,444,310	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	99,216	0	0	13,380,931	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	118,207,881	0	54.00
56.00 RADIOISOTOPE	31,651	0	0	43,510,533	0	56.00
60.00 LABORATORY	0	0	0	57,298,776	0	60.00
65.00 RESPIRATORY THERAPY	41,093	0	0	7,910,248	0	65.00
66.00 PHYSICAL THERAPY	19,086	0	0	6,359,878	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	701,077	0	68.00
69.00 ELECTROCARDIOLOGY	23,773	0	0	15,646,656	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	17,646	0	0	985,434	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49	0	45,233,549	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	51	0	90,280,457	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	100	38,621,524	0	73.00
73.01 DIABETES CENTER	11,264	0	0	439,737	0	73.01
74.00 RENAL DIALYSIS	0	0	0	620,544	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	158,286	0	0	37,124,706	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	3,644,829	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	76,334	0	0	5,323,755	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,105,017	100	100	659,086,277	38,739	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MOB	0	0	0	0	0	194.00
194.01 LIFELINE	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,696,104	1,518,327	4,666,990	2,296,381	682,859	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.439876	15,183.270000	46,669.900000	0.003484	17.627172	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	245,602	463,122	613,421	157,778	57,129	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.222261	4,631.220000	6,134.210000	0.000239	1.474715	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:53 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		30,898,827	0	30,898,827	30.00
31.00	INTENSIVE CARE UNIT		2,318,785	0	2,318,785	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		3,666,169	58,202	3,724,371	35.00
40.00	SUBPROVIDER - IPF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		1,967,820	0	1,967,820	41.00
42.00	SUBPROVIDER		13,246	0	13,246	42.00
43.00	NURSERY		1,182,287	0	1,182,287	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		32,773,321	0	32,773,321	50.00
51.00	RECOVERY ROOM		1,528,543	0	1,528,543	51.00
52.00	DELIVERY ROOM & LABOR ROOM		7,299,382	0	7,299,382	52.00
54.00	RADIOLOGY-DIAGNOSTIC		25,335,749	26,283	25,362,032	54.00
56.00	RADIOISOTOPE		3,385,666	0	3,385,666	56.00
60.00	LABORATORY		8,426,768	33,018	8,459,786	60.00
65.00	RESPIRATORY THERAPY	0	2,736,630	15,501	2,752,131	65.00
66.00	PHYSICAL THERAPY	0	3,495,848	0	3,495,848	66.00
68.00	SPEECH PATHOLOGY	0	375,648	0	375,648	68.00
69.00	ELECTROCARDIOLOGY		3,162,588	0	3,162,588	69.00
70.00	ELECTROENCEPHALOGRAPHY		632,672	5,063	637,735	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		15,368,334	0	15,368,334	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		18,500,719	0	18,500,719	72.00
73.00	DRUGS CHARGED TO PATIENTS		10,774,030	0	10,774,030	73.00
73.01	DIABETES CENTER		474,416	3,059	477,475	73.01
74.00	RENAL DIALYSIS		689,473	0	689,473	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
91.00	EMERGENCY		12,119,197	151,991	12,271,188	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)		47,541	0	47,541	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		4,271,553	0	4,271,553	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	0	191,445,212	293,117	191,738,329	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	191,445,212	293,117	191,738,329	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:53 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	35,320,185		35,320,185		30.00
31.00	INTENSIVE CARE UNIT	8,841,006		8,841,006		31.00
35.00	NEONATAL INTENSIVE CARE UNIT	11,466,196		11,466,196		35.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	3,884,900		3,884,900		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	1,909,087		1,909,087		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	34,011,007	69,919,071	103,930,078	0.315340	50.00
51.00	RECOVERY ROOM	3,850,606	4,593,704	8,444,310	0.181015	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,680,862	700,069	13,380,931	0.545506	52.00
54.00	RADIOLOGY-DIAGNOSTIC	25,428,054	92,779,827	118,207,881	0.214332	54.00
56.00	RADIOISOTOPE	26,275,215	17,235,318	43,510,533	0.077813	56.00
60.00	LABORATORY	29,305,072	27,993,704	57,298,776	0.147067	60.00
65.00	RESPIRATORY THERAPY	6,169,348	1,740,900	7,910,248	0.345960	65.00
66.00	PHYSICAL THERAPY	6,152,422	207,456	6,359,878	0.549672	66.00
68.00	SPEECH PATHOLOGY	648,667	52,410	701,077	0.535816	68.00
69.00	ELECTROCARDIOLOGY	5,937,365	9,709,291	15,646,656	0.202125	69.00
70.00	ELECTROENCEPHALOGRAPHY	400,652	584,782	985,434	0.642024	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,878,968	16,354,581	45,233,549	0.339755	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	70,343,689	19,936,768	90,280,457	0.204925	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,861,638	13,759,886	38,621,524	0.278964	73.00
73.01	DIABETES CENTER	60,262	379,475	439,737	1.078863	73.01
74.00	RENAL DIALYSIS	620,544	0	620,544	1.111078	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	5,638,233	31,486,473	37,124,706	0.326446	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	400,352	3,244,477	3,644,829	0.013043	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	5,323,755	5,323,755		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	343,084,330	316,001,947	659,086,277		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	343,084,330	316,001,947	659,086,277		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 9:53 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
35.00	NEONATAL INTENSIVE CARE UNIT			35.00
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	0.315340		50.00
51.00	RECOVERY ROOM	0.181015		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214554		54.00
56.00	RADIOISOTOPE	0.077813		56.00
60.00	LABORATORY	0.147643		60.00
65.00	RESPIRATORY THERAPY	0.347920		65.00
66.00	PHYSICAL THERAPY	0.549672		66.00
68.00	SPEECH PATHOLOGY	0.535816		68.00
69.00	ELECTROCARDIOLOGY	0.202125		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.647162		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964		73.00
73.01	DIABETES CENTER	1.085819		73.01
74.00	RENAL DIALYSIS	1.111078		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.330540		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043		92.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	30,898,827		30,898,827	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,318,785		2,318,785	0	0 31.00
35.00	NEONATAL INTENSIVE CARE UNIT	3,666,169		3,666,169	0	0 35.00
40.00	SUBPROVIDER - I PF	0		0	0	0 40.00
41.00	SUBPROVIDER - I RF	1,967,820		1,967,820	0	0 41.00
42.00	SUBPROVIDER	13,246		13,246	0	0 42.00
43.00	NURSERY	1,182,287		1,182,287	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	32,773,321		32,773,321	0	0 50.00
51.00	RECOVERY ROOM	1,528,543		1,528,543	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,299,382		7,299,382	0	0 52.00
54.00	RADIOLOGY-DIAGNOSTIC	25,335,749		25,335,749	0	0 54.00
56.00	RADIOISOTOPE	3,385,666		3,385,666	0	0 56.00
60.00	LABORATORY	8,426,768		8,426,768	0	0 60.00
65.00	RESPIRATORY THERAPY	2,736,630	0	2,736,630	0	0 65.00
66.00	PHYSICAL THERAPY	3,495,848	0	3,495,848	0	0 66.00
68.00	SPEECH PATHOLOGY	375,648	0	375,648	0	0 68.00
69.00	ELECTROCARDIOLOGY	3,162,588		3,162,588	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	632,672		632,672	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,368,334		15,368,334	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	18,500,719		18,500,719	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	10,774,030		10,774,030	0	0 73.00
73.01	DIABETES CENTER	474,416		474,416	0	0 73.01
74.00	RENAL DIALYSIS	689,473		689,473	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
91.00	EMERGENCY	12,119,197		12,119,197	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0 92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	47,541		47,541	0	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0		0		0 99.10
101.00	HOME HEALTH AGENCY	4,271,553		4,271,553		0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0		0		0 109.00
110.00	INTESTINAL ACQUISITION	0		0		0 110.00
111.00	ISLET ACQUISITION	0		0		0 111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	191,445,212	0	191,445,212	0	0 200.00
201.00	Less Observation Beds	0		0		0 201.00
202.00	Total (see instructions)	191,445,212	0	191,445,212	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	35,320,185		35,320,185			30.00
31.00	INTENSIVE CARE UNIT	8,841,006		8,841,006			31.00
35.00	NEONATAL INTENSIVE CARE UNIT	11,466,196		11,466,196			35.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	3,884,900		3,884,900			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,909,087		1,909,087			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	34,011,007	69,919,071	103,930,078	0.315340	0.000000	50.00
51.00	RECOVERY ROOM	3,850,606	4,593,704	8,444,310	0.181015	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,680,862	700,069	13,380,931	0.545506	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	25,428,054	92,779,827	118,207,881	0.214332	0.000000	54.00
56.00	RADIOISOTOPE	26,275,215	17,235,318	43,510,533	0.077813	0.000000	56.00
60.00	LABORATORY	29,305,072	27,993,704	57,298,776	0.147067	0.000000	60.00
65.00	RESPIRATORY THERAPY	6,169,348	1,740,900	7,910,248	0.345960	0.000000	65.00
66.00	PHYSICAL THERAPY	6,152,422	207,456	6,359,878	0.549672	0.000000	66.00
68.00	SPEECH PATHOLOGY	648,667	52,410	701,077	0.535816	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,937,365	9,709,291	15,646,656	0.202125	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	400,652	584,782	985,434	0.642024	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,878,968	16,354,581	45,233,549	0.339755	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	70,343,689	19,936,768	90,280,457	0.204925	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,861,638	13,759,886	38,621,524	0.278964	0.000000	73.00
73.01	DIABETES CENTER	60,262	379,475	439,737	1.078863	0.000000	73.01
74.00	RENAL DIALYSIS	620,544	0	620,544	1.111078	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
91.00	EMERGENCY	5,638,233	31,486,473	37,124,706	0.326446	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	400,352	3,244,477	3,644,829	0.013043	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	5,323,755	5,323,755			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	343,084,330	316,001,947	659,086,277			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	343,084,330	316,001,947	659,086,277			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150109

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
35.00	NEONATAL INTENSIVE CARE UNIT				35.00
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
56.00	RADIOISOTOPE	0.000000			56.00
60.00	LABORATORY	0.000000			60.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	DIABETES CENTER	0.000000			73.01
74.00	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	CORF				99.10
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,165,666	0	6,165,666	27,781	221.94	30.00
31.00	INTENSIVE CARE UNIT	900,652		900,652	2,484	362.58	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	533,997		533,997	3,171	168.40	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	46,753	0	46,753	3,665	12.76	41.00
42.00	SUBPROVIDER	99	0	99	0	0.00	42.00
43.00	NURSERY	194,923		194,923	1,445	134.89	43.00
200.00	Total (Lines 30-199)	7,842,090		7,842,090	38,546		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,372	2,523,902				30.00
31.00	INTENSIVE CARE UNIT	1,287	466,640				31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,135	27,243				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	14,794	3,017,785				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 9:53 am
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,411,890	103,930,078	0.023207	17,899,169	415,386	50.00
51.00	RECOVERY ROOM	203,981	8,444,310	0.024156	1,760,058	42,516	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,256,725	13,380,931	0.093919	29,552	2,775	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,204,561	118,207,881	0.018650	10,456,358	195,011	54.00
56.00	RADIOISOTOPE	705,106	43,510,533	0.016205	6,034,162	97,784	56.00
60.00	LABORATORY	528,662	57,298,776	0.009226	14,658,538	135,240	60.00
65.00	RESPIRATORY THERAPY	437,448	7,910,248	0.055301	1,962,472	108,527	65.00
66.00	PHYSICAL THERAPY	173,426	6,359,878	0.027269	2,004,404	54,658	66.00
68.00	SPEECH PATHOLOGY	16,533	701,077	0.023582	497,827	11,740	68.00
69.00	ELECTROCARDIOLOGY	521,442	15,646,656	0.033326	3,222,091	107,379	69.00
70.00	ELECTROENCEPHALOGRAPHY	34,534	985,434	0.035044	196,243	6,877	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	346,785	45,233,549	0.007667	18,648,580	142,979	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	401,555	90,280,457	0.004448	31,935,705	142,050	72.00
73.00	DRUGS CHARGED TO PATIENTS	674,652	38,621,524	0.017468	10,395,796	181,594	73.00
73.01	DIABETES CENTER	34,178	439,737	0.077724	20,593	1,601	73.01
74.00	RENAL DIALYSIS	30,449	620,544	0.049068	470,964	23,109	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	2,540,828	37,124,706	0.068440	2,844,912	194,706	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	205,431	3,644,829	0.056362	212,362	11,969	92.01
200.00	Total (lines 50-199)	12,728,186	592,341,148		123,249,786	1,875,901	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 9:53 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	27,781	0.00	11,372	0		30.00
31.00 INTENSIVE CARE UNIT	2,484	0.00	1,287	0		31.00
35.00 NEONATAL INTENSIVE CARE UNIT	3,171	0.00	0	0		35.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00 SUBPROVIDER - IRF	3,665	0.00	2,135	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	1,445	0.00	0	0		43.00
200.00 Total (Lines 30-199)	38,546		14,794	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150109

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	0	0	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	DIABETES CENTER	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150109

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	103,930,078	0.000000	0.000000	17,899,169	50.00
51.00	RECOVERY ROOM	0	8,444,310	0.000000	0.000000	1,760,058	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	13,380,931	0.000000	0.000000	29,552	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	118,207,881	0.000000	0.000000	10,456,358	54.00
56.00	RADIOISOTOPE	0	43,510,533	0.000000	0.000000	6,034,162	56.00
60.00	LABORATORY	0	57,298,776	0.000000	0.000000	14,658,538	60.00
65.00	RESPIRATORY THERAPY	0	7,910,248	0.000000	0.000000	1,962,472	65.00
66.00	PHYSICAL THERAPY	0	6,359,878	0.000000	0.000000	2,004,404	66.00
68.00	SPEECH PATHOLOGY	0	701,077	0.000000	0.000000	497,827	68.00
69.00	ELECTROCARDIOLOGY	0	15,646,656	0.000000	0.000000	3,222,091	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	985,434	0.000000	0.000000	196,243	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,233,549	0.000000	0.000000	18,648,580	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	90,280,457	0.000000	0.000000	31,935,705	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	38,621,524	0.000000	0.000000	10,395,796	73.00
73.01	DIABETES CENTER	0	439,737	0.000000	0.000000	20,593	73.01
74.00	RENAL DIALYSIS	0	620,544	0.000000	0.000000	470,964	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	37,124,706	0.000000	0.000000	2,844,912	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	3,644,829	0.000000	0.000000	212,362	92.01
200.00	Total (lines 50-199)	0	592,341,148			123,249,786	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:53 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	6,782,261	0	50.00
51.00	RECOVERY ROOM	0	846,824	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,793	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	23,262,196	0	54.00
56.00	RADIOISOTOPE	0	4,261,581	0	56.00
60.00	LABORATORY	0	1,102,739	0	60.00
65.00	RESPIRATORY THERAPY	0	212,256	0	65.00
66.00	PHYSICAL THERAPY	0	8,011	0	66.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,612,938	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	14,400	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,370,965	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	7,336,064	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,528,704	0	73.00
73.01	DIABETES CENTER	0	2,638	0	73.01
74.00	RENAL DIALYSIS	0	15,298	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	EMERGENCY	0	6,064,226	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	615,577	0	92.01
200.00	Total (lines 50-199)	0	64,040,471	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:53 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Subject To Ded. & Coins. (see instructions)	Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.315340	6,782,261	0	0		50.00
51.00 RECOVERY ROOM	0.181015	846,824	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.545506	3,793	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.214332	23,262,196	0	0		54.00
56.00 RADIOISOTOPE	0.077813	4,261,581	0	0		56.00
60.00 LABORATORY	0.147067	1,102,739	0	0		60.00
65.00 RESPIRATORY THERAPY	0.345960	212,256	0	0		65.00
66.00 PHYSICAL THERAPY	0.549672	8,011	0	0		66.00
68.00 SPEECH PATHOLOGY	0.535816	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.202125	3,612,938	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.642024	14,400	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	6,370,965	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.204925	7,336,064	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.278964	3,528,704	0	41,208		73.00
73.01 DIABETES CENTER	1.078863	2,638	0	0		73.01
74.00 RENAL DIALYSIS	1.111078	15,298	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00 EMERGENCY	0.326446	6,064,226	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0.013043	615,577	0	0		92.01
200.00 Subtotal (see instructions)		64,040,471	0	41,208		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		64,040,471	0	41,208		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 9:53 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	2,138,718	0	0		50.00
51.00 RECOVERY ROOM	153,288	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,069	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	4,985,833	0	0		54.00
56.00 RADIOISOTOPE	331,606	0	0		56.00
60.00 LABORATORY	162,177	0	0		60.00
65.00 RESPIRATORY THERAPY	73,432	0	0		65.00
66.00 PHYSICAL THERAPY	4,403	0	0		66.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	730,265	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	9,245	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,164,567	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,503,343	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	984,381	0	11,496		73.00
73.01 DIABETES CENTER	2,846	0	0		73.01
74.00 RENAL DIALYSIS	16,997	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	1,979,642	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	8,029	0	0		92.01
200.00 Subtotal (see instructions)	15,250,841	0	11,496		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	15,250,841	0	11,496		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150109 Component CCN: 15T109		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,411,890	103,930,078	0.023207	0	0	50.00
51.00	RECOVERY ROOM	203,981	8,444,310	0.024156	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,256,725	13,380,931	0.093919	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,204,561	118,207,881	0.018650	26,359	492	54.00
56.00	RADIOISOTOPE	705,106	43,510,533	0.016205	0	0	56.00
60.00	LABORATORY	528,662	57,298,776	0.009226	62,710	579	60.00
65.00	RESPIRATORY THERAPY	437,448	7,910,248	0.055301	7,677	425	65.00
66.00	PHYSICAL THERAPY	173,426	6,359,878	0.027269	185,190	5,050	66.00
68.00	SPEECH PATHOLOGY	16,533	701,077	0.023582	23,976	565	68.00
69.00	ELECTROCARDIOLOGY	521,442	15,646,656	0.033326	2,538	85	69.00
70.00	ELECTROENCEPHALOGRAPHY	34,534	985,434	0.035044	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	346,785	45,233,549	0.007667	15,460	119	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	401,555	90,280,457	0.004448	1,078	5	72.00
73.00	DRUGS CHARGED TO PATIENTS	674,652	38,621,524	0.017468	65,167	1,138	73.00
73.01	DIABETES CENTER	34,178	439,737	0.077724	0	0	73.01
74.00	RENAL DIALYSIS	30,449	620,544	0.049068	6,144	301	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	2,540,828	37,124,706	0.068440	1,938	133	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	205,431	3,644,829	0.056362	0	0	92.01
200.00	Total (Lines 50-199)	12,728,186	592,341,148		398,237	8,892	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	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
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 LABORATORY	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 DIABETES CENTER	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
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: 150109 Component CCN: 15T109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:53 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	103,930,078	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	8,444,310	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,380,931	0.000000	0.000000	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	118,207,881	0.000000	0.000000	26,359	54.00
56.00 RADIOISOTOPE	0	43,510,533	0.000000	0.000000	0	56.00
60.00 LABORATORY	0	57,298,776	0.000000	0.000000	62,710	60.00
65.00 RESPIRATORY THERAPY	0	7,910,248	0.000000	0.000000	7,677	65.00
66.00 PHYSICAL THERAPY	0	6,359,878	0.000000	0.000000	185,190	66.00
68.00 SPEECH PATHOLOGY	0	701,077	0.000000	0.000000	23,976	68.00
69.00 ELECTROCARDIOLOGY	0	15,646,656	0.000000	0.000000	2,538	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	985,434	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,233,549	0.000000	0.000000	15,460	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	90,280,457	0.000000	0.000000	1,078	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	38,621,524	0.000000	0.000000	65,167	73.00
73.01 DIABETES CENTER	0	439,737	0.000000	0.000000	0	73.01
74.00 RENAL DIALYSIS	0	620,544	0.000000	0.000000	6,144	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 EMERGENCY	0	37,124,706	0.000000	0.000000	1,938	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	3,644,829	0.000000	0.000000	0	92.01
200.00 Total (Lines 50-199)	0	592,341,148			398,237	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 9:53 am
	Component CCN: 15T109	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	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
56.00 RADIOISOTOPE	0	0	0	56.00
60.00 LABORATORY	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01 DIABETES CENTER	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 9:53 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,781	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)		27,781	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)		11,372	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,898,827	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)		30,898,827	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		35,320,185	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		35,320,185	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.874821	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)		1,271.38	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)		30,898,827	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,112.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,648,280	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)		12,648,280	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		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	2,318,785	2,484	933.49	1,287	1,201,402	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	NEONATAL INTENSIVE CARE UNIT	3,724,371	3,171	1,174.51	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					30,955,010	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,804,692	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,990,542	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,875,901	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,866,443	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,938,249	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: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,165,666	30,898,827	0.199544	0	0	90.00
91.00	Nursing School cost	0	30,898,827	0.000000	0	0	91.00
92.00	Allied health cost	0	30,898,827	0.000000	0	0	92.00
93.00	All other Medical Education	0	30,898,827	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/30/2012 9:53 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,665	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,665	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,665	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)		2,135	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,967,820	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)		1,967,820	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,884,900	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,884,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.506530	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)		1,060.00	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)		1,967,820	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		536.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,146,324	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,146,324	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T109				Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					163,859		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,310,183		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					27,243		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					8,892		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					36,135		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,274,048		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					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: 150109 Component CCN: 15T109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	46,753	1,967,820	0.023759	0	0	90.00
91.00	Nursing School cost	0	1,967,820	0.000000	0	0	91.00
92.00	Allied health cost	0	1,967,820	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,967,820	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 9:53 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		27,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		27,781	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)		27,781	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)		4,434	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,445	15.00
16.00	Nursery days (title V or XIX only)		106	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,898,827	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)		30,898,827	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		35,320,185	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		35,320,185	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.874821	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)		1,271.38	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)		30,898,827	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,112.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,931,628	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)		4,931,628	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Title XIX		Hospital		Date/Time Prepared: 5/30/2012 9:53 am		
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)	1,182,287	1,445	818.19	106	86,728	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	2,318,785	2,484	933.49	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	NEONATAL INTENSIVE CARE UNIT	3,666,169	3,171	1,156.16	0	0	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						5,352,051	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						10,370,407	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 5/30/2012 9:53 am
		Title XIX	Subprovider - IPF	
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)		1,445	15.00
16.00	Nursery days (title V or XIX only)		106	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		0	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)		0	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		0	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		0.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 5/30/2012 9:53 am	
		Title XIX		Subprovider - IPF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						0	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						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: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 5/30/2012 9:53 am	
		Title XIX		Subprovider - IPF			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital -related cost	0	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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T109		Date/Time Prepared: 5/30/2012 9:53 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,665	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,665	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,665	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)		211	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,445	15.00
16.00	Nursery days (title V or XIX only)		106	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,967,820	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)		1,967,820	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,884,900	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,884,900	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.506530	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)		1,060.00	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)		1,967,820	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		536.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		113,290	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)		113,290	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T109				Date/Time Prepared: 5/30/2012 9:53 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
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 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					163,162		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					276,452		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					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: 150109 Component CCN: 15T109		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 9:53 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		17,824,255		30.00
31.00	INTENSIVE CARE UNIT		2,485,920		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	SUBPROVIDER - 1PF		0		40.00
41.00	SUBPROVIDER - 1RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.315340	17,899,169	5,644,324	50.00
51.00	RECOVERY ROOM	0.181015	1,760,058	318,597	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506	29,552	16,121	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214554	10,456,358	2,243,453	54.00
56.00	RADIOISOTOPE	0.077813	6,034,162	469,536	56.00
60.00	LABORATORY	0.147643	14,658,538	2,164,231	60.00
65.00	RESPIRATORY THERAPY	0.347920	1,962,472	682,783	65.00
66.00	PHYSICAL THERAPY	0.549672	2,004,404	1,101,765	66.00
68.00	SPEECH PATHOLOGY	0.535816	497,827	266,744	68.00
69.00	ELECTROCARDIOLOGY	0.202125	3,222,091	651,265	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.647162	196,243	127,001	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	18,648,580	6,335,948	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925	31,935,705	6,544,424	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964	10,395,796	2,900,053	73.00
73.01	DIABETES CENTER	1.085819	20,593	22,360	73.01
74.00	RENAL DIALYSIS	1.111078	470,964	523,278	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.330540	2,844,912	940,357	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043	212,362	2,770	92.01
200.00	Total (sum of lines 50-94 and 96-98)		123,249,786	30,955,010	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		123,249,786		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN:	Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIIII	Subprovider - IPF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.315340	0	50.00
51.00	RECOVERY ROOM	0.181015	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214554	0	54.00
56.00	RADIOISOTOPE	0.077813	0	56.00
60.00	LABORATORY	0.147643	0	60.00
65.00	RESPIRATORY THERAPY	0.347920	0	65.00
66.00	PHYSICAL THERAPY	0.549672	0	66.00
68.00	SPEECH PATHOLOGY	0.535816	0	68.00
69.00	ELECTROCARDIOLOGY	0.202125	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.647162	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964	0	73.00
73.01	DIABETES CENTER	1.085819	0	73.01
74.00	RENAL DIALYSIS	1.111078	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	EMERGENCY	0.330540	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:53 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		222,640	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.315340	0	50.00
51.00	RECOVERY ROOM	0.181015	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214554	26,359	54.00
56.00	RADIOISOTOPE	0.077813	0	56.00
60.00	LABORATORY	0.147643	62,710	60.00
65.00	RESPIRATORY THERAPY	0.347920	7,677	65.00
66.00	PHYSICAL THERAPY	0.549672	185,190	66.00
68.00	SPEECH PATHOLOGY	0.535816	23,976	68.00
69.00	ELECTROCARDIOLOGY	0.202125	2,538	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.647162	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	15,460	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925	1,078	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964	65,167	73.00
73.01	DIABETES CENTER	1.085819	0	73.01
74.00	RENAL DIALYSIS	1.111078	6,144	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	EMERGENCY	0.330540	1,938	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		398,237	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)		398,237	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:53 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		9,857,161		30.00
31.00	INTENSIVE CARE UNIT		678,836		31.00
35.00	NEONATAL INTENSIVE CARE UNIT		6,190,792		35.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.315340	2,345,094	739,502	50.00
51.00	RECOVERY ROOM	0.181015	210,522	38,108	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214332	1,953,466	418,690	54.00
56.00	RADIOISOTOPE	0.077813	750,345	58,387	56.00
60.00	LABORATORY	0.147067	3,749,854	551,480	60.00
65.00	RESPIRATORY THERAPY	0.345960	685,325	237,095	65.00
66.00	PHYSICAL THERAPY	0.549672	144,922	79,660	66.00
68.00	SPEECH PATHOLOGY	0.535816	17,640	9,452	68.00
69.00	ELECTROCARDIOLOGY	0.202125	542,608	109,675	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.642024	35,358	22,701	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	3,431,406	1,165,837	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925	3,669,884	752,051	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964	3,519,248	981,743	73.00
73.01	DIABETES CENTER	1.078863	3,277	3,535	73.01
74.00	RENAL DIALYSIS	1.111078	32,768	36,408	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	EMERGENCY	0.326446	450,886	147,190	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043	41,175	537	92.01
200.00	Total (sum of lines 50-94 and 96-98)		21,583,778	5,352,051	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		21,583,778		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
		Component CCN:	Date/Time Prepared: 5/30/2012 9:53 am	
		Title XIX	Subprovider - IPF	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		0	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000	0	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	0.000000	0	54.00
56.00	RADIOISOTOPE	0.000000	0	56.00
60.00	LABORATORY	0.000000	0	60.00
65.00	RESPIRATORY THERAPY	0.000000	0	65.00
66.00	PHYSICAL THERAPY	0.000000	0	66.00
68.00	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	0	73.00
73.01	DIABETES CENTER	0.000000	0	73.01
74.00	RENAL DIALYSIS	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	EMERGENCY	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		0	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150109 Component CCN: 15T109	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 9:53 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
35.00	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		222,640	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.315340	0	50.00
51.00	RECOVERY ROOM	0.181015	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.545506	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214332	26,359	54.00
56.00	RADIOISOTOPE	0.077813	0	56.00
60.00	LABORATORY	0.147067	62,710	60.00
65.00	RESPIRATORY THERAPY	0.345960	7,677	65.00
66.00	PHYSICAL THERAPY	0.549672	185,190	66.00
68.00	SPEECH PATHOLOGY	0.535816	23,976	68.00
69.00	ELECTROCARDIOLOGY	0.202125	2,538	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.642024	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339755	15,460	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.204925	1,078	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.278964	65,167	73.00
73.01	DIABETES CENTER	1.078863	0	73.01
74.00	RENAL DIALYSIS	1.111078	6,144	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	EMERGENCY	0.326446	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.013043	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		396,299	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)		396,299	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:53 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		27,033,315	1.00
2.00	Outlier payments for discharges. (see instructions)		1,719,804	2.00
3.00	Managed Care Simulated Payments		3,449,483	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		165.00	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.42	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		24.59	31.00
32.00	Sum of lines 30 and 31		28.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.32	33.00
34.00	Disproportionate share adjustment (see instructions)		3,330,504	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		32,083,623	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		32,083,623	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,712,859	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: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 9:53 am
		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)			34,796,482 59.00
60.00	Primary payer payments			11,453 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			34,785,029 61.00
62.00	Deductibles billed to program beneficiaries			2,633,297 62.00
63.00	Coinsurance billed to program beneficiaries			52,638 63.00
64.00	Allowable bad debts (see instructions)			401,142 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			280,799 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			291,594 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			32,379,893 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			32,379,893 71.00
72.00	Interim payments			32,824,728 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)			-444,835 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		11,496	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,250,841	2.00
3.00	PPS payments		11,625,721	3.00
4.00	Outlier payment (see instructions)		177,686	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.923	5.00
6.00	Line 2 times line 5		14,076,526	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		83.85	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)		11,496	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		41,208	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)		41,208	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		41,208	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,712	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)		11,496	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)		11,803,407	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,568,199	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)		9,246,704	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)		9,246,704	30.00
31.00	Primary payer payments		7,811	31.00
32.00	Subtotal (line 30 minus line 31)		9,238,893	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		392,058	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		274,441	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		293,100	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,513,334	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)		9,513,334	40.00
41.00	Interim payments		9,479,763	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)		33,571	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 9:53 am
		Component CCN: 15T109	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150109

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,834,654		9,383,951	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	09/21/2011	95,812	3.01	
3.02		09/30/2011	133,336		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	09/21/2011	143,262		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-9,926		95,812	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,824,728		9,479,763	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		33,571	6.01	
6.02	SETTLEMENT TO PROGRAM		444,835		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,379,893		9,513,334	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: 150109

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T109

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,016,603			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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	09/21/2011	15,203			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)		-15,203			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,001,400			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		18,337			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,019,737			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/30/2012 9:53 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		8,375	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		12,659	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		1,619	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		33,436	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		659,086,277	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		21,251,329	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/30/2012 9:53 am
		Component CCN: 15T109	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		2,940,828	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0297	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		92,983	3.00
4.00	Outlier Payments		35,451	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		10.041096	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		3,069,262	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,069,262	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,069,262	19.00
20.00	Deductibles		11,320	20.00
21.00	Subtotal (line 19 minus line 20)		3,057,942	21.00
22.00	Coinsurance		38,205	22.00
23.00	Subtotal (line 21 minus line 22)		3,019,737	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,019,737	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,019,737	32.00
33.00	Interim payments		3,001,400	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		18,337	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 9:53 am
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		10,370,407	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)		10,370,407	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)		10,370,407	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		16,726,789	8.00
9.00	Ancillary service charges		21,583,778	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)		38,310,567	12.00
<b>CUSTOMARY CHRGES</b>				
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)		38,310,567	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		27,940,160	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)		10,370,407	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
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.		10,370,407	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		10,370,407	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)		10,370,407	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		10,370,407	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)		10,370,407	40.00
41.00	Interim payments		10,370,407	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 9:53 am
		Component CCN: 15T109	Title XIX	Subprovider - IRF
				Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		276,452	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)		276,452	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)		276,452	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		222,640	8.00
9.00	Ancillary service charges		396,299	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)		618,939	12.00
<b>CUSTOMARY CHRGES</b>				
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)		618,939	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		342,487	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)		276,452	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
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.		276,452	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		276,452	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		276,452	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		276,452	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)		276,452	40.00
41.00	Interim payments		276,452	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150109

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

Worksheet G

Date/Time Prepared:  
5/30/2012 9:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	16,487,000	0	0	0	1.00
2.00	Temporary investments	163,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,910,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,772,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,873,000	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)	70,205,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	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	243,960,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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)	243,960,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	8,786,000	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	3,442,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,228,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	326,393,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	705,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,199,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,098,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,569,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,571,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,734,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,734,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,305,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	292,088,000				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)	292,088,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	326,393,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150109

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 9:53 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		297,370,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,322,000			2.00
3.00	Total (sum of line 1 and line 2)		302,692,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		302,692,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	10,604,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		10,604,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		292,088,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150109

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 9:53 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150109

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

Worksheet G-2 Parts  
Date/Time Prepared:  
5/30/2012 9:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	66,229,279		66,229,279	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,923,059		3,923,059	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)	70,152,338		70,152,338	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,682,344		14,682,344	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	NEONATAL INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,682,344		14,682,344	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	84,834,682		84,834,682	17.00
18.00	Ancillary services	318,048,045	404,962,559	723,010,604	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NICU	11,489,136	4,290	11,493,426	27.00
27.01	NON REIMBURSABLE	-3,191,539	49,594,809	46,403,270	27.01
27.02	HOSPICE	0	4,315,906	4,315,906	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	411,180,324	458,877,564	870,057,888	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		256,677,127		29.00
30.00	AFFILIATES	64,649,870			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)		64,649,870		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)		321,326,997		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150109

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 9:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	870,057,888	1.00
2.00	Less contractual allowances and discounts on patients' accounts	560,186,891	2.00
3.00	Net patient revenues (line 1 minus line 2)	309,870,997	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	321,326,997	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,456,000	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	11,822,000	24.00
24.01	EQUITY IN EARNINGS OF INVESTMENTS	6,367,000	24.01
24.02	NET ASSETS RELEASED	84,000	24.02
24.03	INVESTMENT INCOME	301,000	24.03
24.04	CONTRIBUTIONS	54,000	24.04
25.00	Total other income (sum of lines 6-24)	18,628,000	25.00
26.00	Total (line 5 plus line 25)	7,172,000	26.00
27.00	GAIN ON SALE OF ASSET	1,850,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,850,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,322,000	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150109

Period: From 01/01/2011

Worksheet H

HHA CCN: 157124

To 12/31/2011

Date/Time Prepared:  
5/30/2012 9:53 am

Home Health  
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures		0		17,343	1.00
2.00	Capital Related - Movable Equipment		0		17,311	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	672,837	0	9,362	32,144	61,732 5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	466,117	0	48,296	0	0 6.00
7.00	Physical Therapy	304,846	0	112,313	0	81 7.00
8.00	Occupational Therapy	59,628	0	6,920	0	0 8.00
9.00	Speech Pathology	12,453	0	2,556	0	0 9.00
10.00	Medical Social Services	25,408	0	3,707	0	0 10.00
11.00	Home Health Aide	52,882	0	15,337	0	10 11.00
12.00	Supplies (see instructions)	0	0	0	20,960	37,639 12.00
13.00	Drugs	558,121	0	10,234	310,972	10,254 13.00
14.00	DME	0	0	0	0	0 14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	2,152,292	0	208,725	364,076	144,370 24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150109

Period: From 01/01/2011

Worksheet H

HHA CCN: 157124

To 12/31/2011

Date/Time Prepared: 5/30/2012 9:53 am

Home Health Agency I

PPS

		Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	17,343	0	17,343	0	17,343	1.00
2.00	Capital Related - Movable Equipment	17,311	0	17,311	0	17,311	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	776,075	0	776,075	-4,101	771,974	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	514,413	0	514,413	0	514,413	6.00
7.00	Physical Therapy	417,240	0	417,240	0	417,240	7.00
8.00	Occupational Therapy	66,548	0	66,548	0	66,548	8.00
9.00	Speech Pathology	15,009	0	15,009	0	15,009	9.00
10.00	Medical Social Services	29,115	0	29,115	0	29,115	10.00
11.00	Home Health Aide	68,229	0	68,229	0	68,229	11.00
12.00	Supplies (see instructions)	58,599	0	58,599	0	58,599	12.00
13.00	Drugs	889,581	0	889,581	-561	889,020	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,869,463	0	2,869,463	-4,662	2,864,801	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150109	Period: From 01/01/2011	Worksheet H-1		
		HHA CCN: 157124	To 12/31/2011	Part I		
			Home Health Agency I	Date/Time Prepared: 5/30/2012 9:53 am		
				PPS		
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	17,343	17,343			1.00
2.00	Capital Related - Movable Equipment	17,311		17,311		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	771,974	17,343	17,311	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	514,413	0	0	0	6.00
7.00	Physical Therapy	417,240	0	0	0	7.00
8.00	Occupational Therapy	66,548	0	0	0	8.00
9.00	Speech Pathology	15,009	0	0	0	9.00
10.00	Medical Social Services	29,115	0	0	0	10.00
11.00	Home Health Aide	68,229	0	0	0	11.00
12.00	Supplies (see instructions)	58,599	0	0	0	12.00
13.00	Drugs	889,020	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,864,801	17,343	17,311	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150109	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157124	To 12/31/2011	Part I
				Date/Time Prepared: 5/30/2012 9:53 am
			Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	806,628	806,628	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	514,413	201,606	716,019
7.00	Physical Therapy	417,240	163,523	580,763
8.00	Occupational Therapy	66,548	26,081	92,629
9.00	Speech Pathology	15,009	5,882	20,891
10.00	Medical Social Services	29,115	11,411	40,526
11.00	Home Health Aide	68,229	26,740	94,969
12.00	Supplies (see instructions)	58,599	22,966	81,565
13.00	Drugs	889,020	348,419	1,237,439
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	2,058,173		2,864,801

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/30/2012 9:53 am	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	17,343				0	1.00
2.00	Capital Related - Movable Equipment		17,311			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	17,343	17,311	0	0	-806,628	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	17,343	17,311	0	0	-806,628	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	17,343	17,311	0	0		25.00
26.00	Unit Cost Multiplier	1.000000	1.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150109	Period: From 01/01/2011	Worksheet H-1
	HHA CCN: 157124	To 12/31/2011	Part II Date/Time Prepared: 5/30/2012 9:53 am
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,058,173	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	514,413	6.00
7.00	Physical Therapy	417,240	7.00
8.00	Occupational Therapy	66,548	8.00
9.00	Speech Pathology	15,009	9.00
10.00	Medical Social Services	29,115	10.00
11.00	Home Health Aide	68,229	11.00
12.00	Supplies (see instructions)	58,599	12.00
13.00	Drugs	889,020	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	2,058,173	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	806,628	25.00
26.00	Unit Cost Multiplier	0.391915	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109

Period:

Worksheet H-2

HHA CCN: 157124

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

Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Home Health  
Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4.00	COMMUNICATIONS 5.01	
		NEW BLDG & FIXT 1.00	NEW MVBLE EQUIP 2.00			
1.00 Administrative and General	0	0	0	647,732	0	1.00
2.00 Skilled Nursing Care	716,019	0	0	0	0	2.00
3.00 Physical Therapy	580,763	0	0	0	0	3.00
4.00 Occupational Therapy	92,629	0	0	0	0	4.00
5.00 Speech Pathology	20,891	0	0	0	0	5.00
6.00 Medical Social Services	40,526	0	0	0	0	6.00
7.00 Home Health Aide	94,969	0	0	0	0	7.00
8.00 Supplies (see instructions)	81,565	0	0	0	0	8.00
9.00 Drugs	1,237,439	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,864,801	0	0	647,732	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150109	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157124	To 12/31/2011	Part I
				Date/Time Prepared: 5/30/2012 9:53 am
			Home Health Agency I	PPS

		MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	34,311	2,212	3,327	24,452	712,034	1.00
2.00	Skilled Nursing Care	0	0	0	0	716,019	2.00
3.00	Physical Therapy	0	0	0	0	580,763	3.00
4.00	Occupational Therapy	0	0	0	0	92,629	4.00
5.00	Speech Pathology	0	0	0	0	20,891	5.00
6.00	Medical Social Services	0	0	0	0	40,526	6.00
7.00	Home Health Aide	0	0	0	0	94,969	7.00
8.00	Supplies (see instructions)	0	0	0	0	81,565	8.00
9.00	Drugs	0	0	0	0	1,237,439	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	34,311	2,212	3,327	24,452	3,576,835	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 9:53 am			
		HHA CCN: 157124	Home Health Agency I		PPS		
		ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	78,663	0	0	0	0	1.00
2.00	Skilled Nursing Care	79,104	0	0	0	0	2.00
3.00	Physical Therapy	64,161	0	0	0	0	3.00
4.00	Occupational Therapy	10,233	0	0	0	0	4.00
5.00	Speech Pathology	2,308	0	0	0	0	5.00
6.00	Medical Social Services	4,477	0	0	0	0	6.00
7.00	Home Health Aide	10,492	0	0	0	0	7.00
8.00	Supplies (see instructions)	9,011	0	0	0	0	8.00
9.00	Drugs	136,709	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	395,158	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150109

Period:

Worksheet H-2

HHA CCN: 157124

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

Part I  
Date/Time Prepared:  
5/30/2012 9:53 am

Home Health  
Agency I

PPS

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	94,767	186,245	0	0	18,548	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	94,767	186,245	0	0	18,548	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 9:53 am	
				Home Health Agency I		PPS	
		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	1,090,257	0	1,090,257		1.00
2.00	Skilled Nursing Care	0	795,123	0	795,123	272,495	2.00
3.00	Physical Therapy	0	644,924	0	644,924	221,021	3.00
4.00	Occupational Therapy	0	102,862	0	102,862	35,252	4.00
5.00	Speech Pathology	0	23,199	0	23,199	7,950	5.00
6.00	Medical Social Services	0	45,003	0	45,003	15,423	6.00
7.00	Home Health Aide	0	105,461	0	105,461	36,142	7.00
8.00	Supplies (see instructions)	0	90,576	0	90,576	31,041	8.00
9.00	Drugs	0	1,374,148	0	1,374,148	470,933	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,271,553	0	4,271,553	1,090,257	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.342708	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 9:53 am
		HHA CCN: 157124	Home Health Agency I	PPS

		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,067,618	2.00
3.00	Physical Therapy	865,945	3.00
4.00	Occupational Therapy	138,114	4.00
5.00	Speech Pathology	31,149	5.00
6.00	Medical Social Services	60,426	6.00
7.00	Home Health Aide	141,603	7.00
8.00	Supplies (see instructions)	121,617	8.00
9.00	Drugs	1,845,081	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,271,553	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150109  
HHA CCN: 157124

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/30/2012 9:53 am

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	MGMT INFO SYSTEMS (MANHOURS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	2,152,292	0	76,334	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	2,152,292	0	76,334	20.00
21.00	Total cost to be allocated	0	0	647,732	0	34,311	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.300950	0.000000	0.449485	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 9:53 am PPS
		Home Health Agency I	

	PURCHASING (COSTED REQUISITION)	ADMITTING (GROSS CHARGES)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	67,682	5,323,755	5,323,755	0	712,034	1.00
2.00 Skilled Nursing Care	0	0	0	0	716,019	2.00
3.00 Physical Therapy	0	0	0	0	580,763	3.00
4.00 Occupational Therapy	0	0	0	0	92,629	4.00
5.00 Speech Pathology	0	0	0	0	20,891	5.00
6.00 Medical Social Services	0	0	0	0	40,526	6.00
7.00 Home Health Aide	0	0	0	0	94,969	7.00
8.00 Supplies (see instructions)	0	0	0	0	81,565	8.00
9.00 Drugs	0	0	0	0	1,237,439	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	67,682	5,323,755	5,323,755		3,576,835	20.00
21.00 Total cost to be allocated	2,212	3,327	24,452		395,158	21.00
22.00 Unit cost multiplier	0.032682	0.000625	0.004593		0.110477	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 9:53 am PPS
		Home Health Agency I	

	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	76,334	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	76,334	20.00
21.00 Total cost to be allocated	0	0	0	0	94,767	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	1.241478	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 9:53 am PPS
		Home Health Agency I	

	NURSING ADMINISTRATION  (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	SOCIAL SERVICE  (TIME SPENT) 17.00	
1.00 Administrative and General	76,334	0	0	5,323,755	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	76,334	0	0	5,323,755	0	20.00
21.00 Total cost to be allocated	186,245	0	0	18,548	0	21.00
22.00 Unit cost multiplier	2.439870	0.000000	0.000000	0.003484	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,067,618		1,067,618	5,908	1.00
2.00	Physical Therapy	3.00	865,945	0	865,945	3,966	2.00
3.00	Occupational Therapy	4.00	138,114	0	138,114	556	3.00
4.00	Speech Pathology	5.00	31,149	0	31,149	146	4.00
5.00	Medical Social Services	6.00	60,426		60,426	147	5.00
6.00	Home Health Aide	7.00	141,603		141,603	1,719	6.00
7.00	Total (sum of lines 1-6)		2,304,855	0	2,304,855	12,442	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		29140	2,521	1,019		8.00
9.00	Physical Therapy		29140	1,811	808		9.00
10.00	Occupational Therapy		29140	350	98		10.00
11.00	Speech Pathology		29140	123	10		11.00
12.00	Medical Social Services		29140	87	36		12.00
13.00	Home Health Aide		29140	784	640		13.00
14.00	Total (sum of lines 8-13)			5,676	2,611		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	121,617	0	121,617	0	15.00
16.00	Cost of Drugs	9.00	1,845,081	0	1,845,081	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.549672	0	0	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology		68.00	0.535816	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.339755	0	0	4.00
5.00	Cost of Drugs		73.00	0.278964	0	0	5.00
5.01	Cost of Drugs 1		73.01	1.078863	0	0	5.01

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 9:53 am	
		HHA CCN: 157124	Title XVIII	Home Health Agency I	PPS
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>					
<b>Cost Per Visit Computation</b>					
1.00	Skilled Nursing Care	180.71	2,521	1,019	1.00
2.00	Physical Therapy	218.34	1,811	808	2.00
3.00	Occupational Therapy	248.41	350	98	3.00
4.00	Speech Pathology	213.35	123	10	4.00
5.00	Medical Social Services	411.06	87	36	5.00
6.00	Home Health Aide	82.38	784	640	6.00
7.00	Total (sum of lines 1-6)		5,676	2,611	7.00
<b>Cost Center Description</b>		5.00	6.00	7.00	8.00
<b>Limitation Cost Computation</b>					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
<b>Cost Center Description</b>		5.00	6.00	7.00	8.00
<b>Program Covered Charges</b>					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			5.00	6.00	
<b>Supplies and Drugs Cost Computations</b>					
15.00	Cost of Medical Supplies	0.000000	142,310	94,244	0
16.00	Cost of Drugs	0.000000	0	0	0
<b>Cost Center Description</b>			Transfer to Part I as Indicated		
			4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>					
1.00	Physical Therapy		col. 2, line 2.00		1.00
2.00	Occupational Therapy				2.00
3.00	Speech Pathology		col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00
5.00	Cost of Drugs		col. 2, line 16.00		5.00
5.01	Cost of Drugs 1		col. 2, line 16.01		5.01

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150109 HHA CCN: 157124		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 9:53 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
9.00	10.00	11.00	12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	455,570	184,143		639,713		1.00
2.00	Physical Therapy	395,414	176,419		571,833		2.00
3.00	Occupational Therapy	86,944	24,344		111,288		3.00
4.00	Speech Pathology	26,242	2,134		28,376		4.00
5.00	Medical Social Services	35,762	14,798		50,560		5.00
6.00	Home Health Aide	64,586	52,723		117,309		6.00
7.00	Total (sum of lines 1-6)	1,064,518	454,561		1,519,079		7.00
Cost Center Description							
		10.00	11.00	12.00			
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00
Cost of Services							
Cost Center Description	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs	0	0	0			16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150109 HHA CCN: 157124	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2012 9:53 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		882,423	409,802
12.00	Total PPS Reimbursement - Full Episodes with Outliers		2,188	0
13.00	Total PPS Reimbursement - LUPA Episodes		13,730	9,906
14.00	Total PPS Reimbursement - PEP Episodes		7,654	3,893
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		85	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		-551	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		905,529	423,601
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		905,529	423,601
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		905,529	423,601
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		905,529	423,601
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		905,529	423,601
32.00	Interim payments (see instructions)		905,529	423,601
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150109  
HHA CCN: 157124

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

Worksheet H-5  
Date/Time Prepared:  
5/30/2012 9:53 am  
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		905,529		423,601	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			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			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. H-4, Part II, column as appropriate, line 32)		905,529		423,601	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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)		905,529		423,601	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150109	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 9:53 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,182,992	1.00
2.00	Capital DRG outlier payments		402,380	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		91.61	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)		3.42	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		24.59	8.00
9.00	Sum of lines 7 and 8		28.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.84	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		127,487	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,712,859	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00