

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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 1:45 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2012 Time: 1:45 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 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 HENDRICKS REGIONAL HEALTH for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	106,031	56,210	0	1,386,908	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	106,031	56,210	0	1,386,908	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 8:48 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1000 EAST MAIN STREET			PO Box:						1.00		
2.00	City: DANVILLE			State: IN		Zip Code: 46122-1409		County: HENDRICKS		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	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			HENDRICKS REGIONAL HEALTH	150005	26900	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF								N	N	N	7.00
8.00	Swing Beds - NF								N			8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
								From:	To:			
								1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)							2		21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.							Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.							3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			1,118	0	0	0	2,321	0		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	0		25.00	
								Urban/Rural	S	Date of Geogr		
								1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1			26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).							1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0			35.00	
								Beginning:	Ending:			
								1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 8:48 pm		
		Beginning:	Ending:			
		1.00	2.00			
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	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150005

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/28/2012 8:48 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N			80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.	N			86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		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		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

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		1.00		2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00			
		1.00		2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:				
142.00	Street:	PO Box:						
143.00	City:	State:		Zip Code:				
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00			
				1.00				
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			
				1.00				
Multi campus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/28/2012 8:48 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)				3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			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	04/10/2012		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.				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.				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:				20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150005

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2012 8:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150005

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2012 8:48 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/10/2012	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.			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.			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:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	112	40,880	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)		112	40,880	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 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		124	45,260	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		124				27.00
28.00 Observation Bed Days						28.00
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: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	8,240	1,090	17,602		1.00
2.00 HMO		1,556	2,213			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	8,240	1,090	17,602		7.00
8.00 INTENSIVE CARE UNIT	0	1,323	121	2,430		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	2,802		13.00
14.00 Total (see instructions)	0	9,563	1,211	22,834		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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
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	0		0	2,641		28.00
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)			136	371		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,356	1.00
2.00 HMO					385	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,210.29	0.00	0	2,356	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,210.29	0.00			27.00
28.00 Observation Bed Days						28.00
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: 150005

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

Worksheet S-3
Part I
Date/Time Prepared:
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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)	271	5,551		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	271	5,551		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				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
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
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: 150005

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2012 8:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	75,100,714	0	75,100,714	2,517,393.00 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)		22,370,754	0	22,370,754	509,094.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,026,391	0	1,026,391	19,035.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		245,723	0	245,723	3,438.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		16,854,163	0	16,854,163	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		5,054,135	0	5,054,135	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		0	0	0	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	589,117	0	589,117	14,152.00 26.00
27.00	Administrative & General	5.00	6,090,895	0	6,090,895	240,705.00 27.00
28.00	Administrative & General under contract (see inst.)		649,497	0	649,497	4,881.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	2,082,706	0	2,082,706	98,530.00 30.00
31.00	Laundry & Linen Service	8.00	258,638	0	258,638	20,403.00 31.00
32.00	Housekeeping	9.00	1,912,393	0	1,912,393	138,963.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,499,484	-1,129,281	370,203	24,358.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	1,129,281	1,129,281	78,931.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,982,880	0	1,982,880	64,942.00 38.00
39.00	Central Services and Supply	14.00	554,356	0	554,356	30,175.00 39.00
40.00	Pharmacy	15.00	1,334,737	0	1,334,737	40,212.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,311,394	0	1,311,394	65,597.00 41.00
42.00	Social Service	17.00	1,308,304	0	1,308,304	38,100.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/28/2012 8:48 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.83	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	43.94	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	53.92	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	71.47	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	41.63	26.00
27.00	Administrative & General	25.30	27.00
28.00	Administrative & General under contract (see inst.)	133.07	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	21.14	30.00
31.00	Laundry & Linen Service	12.68	31.00
32.00	Housekeeping	13.76	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.20	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.31	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	30.53	38.00
39.00	Central Services and Supply	18.37	39.00
40.00	Pharmacy	33.19	40.00
41.00	Medical Records & Medical Records Library	19.99	41.00
42.00	Social Service	34.34	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2012 8:48 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	75,750,211	0	75,750,211	2,522,274.00	1.00
2.00	Excluded area salaries (see instructions)	22,370,754	0	22,370,754	509,094.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,379,457	0	53,379,457	2,013,180.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,272,114	0	1,272,114	22,473.00	4.00
5.00	Subtotal wage-related costs (see inst.)	16,854,163	0	16,854,163	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	71,505,734	0	71,505,734	2,035,653.00	6.00
7.00	Total overhead cost (see instructions)	19,574,401	0	19,574,401	859,949.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150005

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2012 8:48 pm

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

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	30.03	1.00
2.00	Excluded area salaries (see instructions)	43.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	56.61	4.00
5.00	Subtotal wage-related costs (see inst.)	31.57	5.00
6.00	Total (sum of lines 3 thru 5)	35.13	6.00
7.00	Total overhead cost (see instructions)	22.76	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2012 8:48 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,707,400	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	13,509,710	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	335,272	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)	112,802	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	151,842	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	4,920,561	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	157,735	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	797,240	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	215,736	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,908,298	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/28/2012 8:48 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,378,458	0
2.00	Hospital		1,378,458	0
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00			0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/28/2012 8:48 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.347859		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,766,468		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		5,097,574		5.00
6.00	Medicaid charges		27,959,455		6.00
7.00	Medicaid cost (line 1 times line 6)		9,725,948		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	5,285,000	Insured patients	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,838,435		0
22.00	Partial payment by patients approved for charity care		0		0
23.00	Cost of charity care (line 21 minus line 22)		1,838,435		0
				1.00	
				2.00	
				3.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,052,042		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		319,135		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		16,732,907		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		5,820,692		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		7,659,127		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,659,127		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		18,906,299	18,906,299	0	18,906,299	1.00
4.00 EMPLOYEE BENEFITS	589,117	2,206,453	2,795,570	0	2,795,570	4.00
5.00 ADMINISTRATIVE & GENERAL	6,090,895	9,747,908	15,838,803	39,519	15,878,322	5.00
7.00 OPERATION OF PLANT	2,082,706	3,388,644	5,471,350	25,327	5,496,677	7.00
8.00 LAUNDRY & LINEN SERVICE	258,638	389,696	648,334	22,535	670,869	8.00
9.00 HOUSEKEEPING	1,912,393	1,154,030	3,066,423	0	3,066,423	9.00
10.00 DIETARY	1,499,484	1,692,101	3,191,585	-2,403,624	787,961	10.00
11.00 CAFETERIA	0	0	0	2,403,624	2,403,624	11.00
13.00 NURSING ADMINISTRATION	1,982,880	873,907	2,856,787	0	2,856,787	13.00
14.00 CENTRAL SERVICES & SUPPLY	554,356	819,014	1,373,370	-19,062	1,354,308	14.00
15.00 PHARMACY	1,334,737	6,678,233	8,012,970	-5,189,689	2,823,281	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,311,394	808,895	2,120,289	0	2,120,289	16.00
17.00 SOCIAL SERVICE	1,308,304	743,998	2,052,302	3,257	2,055,559	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,872,761	3,913,002	13,785,763	0	13,785,763	30.00
31.00 INTENSIVE CARE UNIT	1,796,947	885,329	2,682,276	0	2,682,276	31.00
43.00 NURSERY	285,191	154,162	439,353	0	439,353	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,863,034	6,501,277	8,364,311	-3,000,494	5,363,817	50.00
50.01 ENDOSCOPY	627,266	515,000	1,142,266	0	1,142,266	50.01
51.00 RECOVERY ROOM	592,825	192,239	785,064	0	785,064	51.00
52.00 DELIVERY ROOM & LABOR ROOM	949,393	160,936	1,110,329	0	1,110,329	52.00
53.00 ANESTHESIOLOGY	0	1,214,774	1,214,774	0	1,214,774	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,165,727	2,934,290	6,100,017	3,769	6,103,786	54.00
54.01 RADIATION-ONCOLOGY	789,597	7,311,384	8,100,981	84,050	8,185,031	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	152,597	274,752	427,349	0	427,349	56.00
59.00 CARDIAC CATHETERIZATION	403,865	963,692	1,367,557	-459,486	908,071	59.00
60.00 LABORATORY	2,261,486	4,320,612	6,582,098	12,233	6,594,331	60.00
64.00 INTRAVENOUS THERAPY	760,023	289,472	1,049,495	63,566	1,113,061	64.00
65.00 RESPIRATORY THERAPY	1,493,975	774,232	2,268,207	0	2,268,207	65.00
66.00 PHYSICAL THERAPY	3,104,393	1,340,107	4,444,500	39,185	4,483,685	66.00
67.00 OCCUPATIONAL THERAPY	302,260	127,529	429,789	2,586	432,375	67.00
68.00 SPEECH PATHOLOGY	189,646	72,256	261,902	0	261,902	68.00
69.00 ELECTROCARDIOLOGY	270,143	618,857	889,000	0	889,000	69.00
69.01 CARDIAC REHAB	353,416	80,287	433,703	0	433,703	69.01
70.00 ELECTROENCEPHALOGRAPHY	92,287	43,297	135,584	0	135,584	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	3,808,493	3,808,493	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,126,123	5,126,123	73.00
73.01 ULTRA SOUND	436,904	126,613	563,517	0	563,517	73.01
74.00 RENAL DIALYSIS	0	87,747	87,747	-2,286	85,461	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,323,055	4,220,006	5,543,061	-150,997	5,392,064	90.00
91.00 EMERGENCY	2,718,265	1,803,412	4,521,677	0	4,521,677	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,729,960	86,334,442	139,064,402	408,629	139,473,031	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	18,545,276	12,234,385	30,779,661	-408,629	30,371,032	192.00
192.01 HEALTH TRACKS	2,509,070	948,613	3,457,683	0	3,457,683	192.01
194.00 PRIMARY CARE CLINIC	367,605	261,929	629,534	0	629,534	194.00
194.01 PARTNERS IN CARE	428,797	230,360	659,157	0	659,157	194.01
194.02 OCCUPATIONAL MEDICINE	162,895	581,347	744,242	0	744,242	194.02
194.03 FOUNDATION	121,348	46,089	167,437	0	167,437	194.03
194.04 SCHOOL & TOWN CLINICS	235,763	22,931	258,694	0	258,694	194.04
200.00 TOTAL (SUM OF LINES 118-199)	75,100,714	100,660,096	175,760,810	0	175,760,810	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150005

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

Worksheet A
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-769,043	18,137,256	1.00
4.00	EMPLOYEE BENEFITS	-344	2,795,226	4.00
5.00	ADMINISTRATIVE & GENERAL	-2,684,688	13,193,634	5.00
7.00	OPERATION OF PLANT	0	5,496,677	7.00
8.00	LAUNDRY & LINEN SERVICE	0	670,869	8.00
9.00	HOUSEKEEPING	0	3,066,423	9.00
10.00	DIETARY	-324,572	463,389	10.00
11.00	CAFETERIA	-711,457	1,692,167	11.00
13.00	NURSING ADMINISTRATION	-1,277	2,855,510	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,020	1,353,288	14.00
15.00	PHARMACY	0	2,823,281	15.00
16.00	MEDICAL RECORDS & LIBRARY	-82,423	2,037,866	16.00
17.00	SOCIAL SERVICE	0	2,055,559	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,489,714	12,296,049	30.00
31.00	INTENSIVE CARE UNIT	0	2,682,276	31.00
43.00	NURSERY	0	439,353	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-976,877	4,386,940	50.00
50.01	ENDOSCOPY	0	1,142,266	50.01
51.00	RECOVERY ROOM	0	785,064	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,110,329	52.00
53.00	ANESTHESIOLOGY	0	1,214,774	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-80,094	6,023,692	54.00
54.01	RADIATION-ONCOLOGY	-1,318	8,183,713	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	427,349	56.00
59.00	CARDIAC CATHETERIZATION	-213,254	694,817	59.00
60.00	LABORATORY	-2,570	6,591,761	60.00
64.00	INTRAVENOUS THERAPY	0	1,113,061	64.00
65.00	RESPIRATORY THERAPY	0	2,268,207	65.00
66.00	PHYSICAL THERAPY	-420,447	4,063,238	66.00
67.00	OCCUPATIONAL THERAPY	-42,122	390,253	67.00
68.00	SPEECH PATHOLOGY	-82	261,820	68.00
69.00	ELECTROCARDIOLOGY	-119,442	769,558	69.00
69.01	CARDIAC REHAB	0	433,703	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	135,584	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,808,493	72.00
73.00	DRUGS CHARGED TO PATIENTS	-1,300	5,124,823	73.00
73.01	ULTRA SOUND	0	563,517	73.01
74.00	RENAL DIALYSIS	0	85,461	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	5,392,064	90.00
91.00	EMERGENCY	-467,169	4,054,508	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,389,213	131,083,818	118.00
NONREIMBURSABLE COST CENTERS				
192.00	PHYSICIANS' PRIVATE OFFICES	0	30,371,032	192.00
192.01	HEALTH TRACKS	0	3,457,683	192.01
194.00	PRIMARY CARE CLINIC	0	629,534	194.00
194.01	PARTNERS IN CARE	0	659,157	194.01
194.02	OCCUPATIONAL MEDICINE	0	744,242	194.02
194.03	FOUNDATION	0	167,437	194.03
194.04	SCHOOL & TOWN CLINICS	0	258,694	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-8,389,213	167,371,597	200.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:
5/28/2012 8:48 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,126,123	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	63,566	2.00
	TOTALS		0	5,189,689	
B - MOB PLANT RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	39,519	1.00
2.00	OPERATION OF PLANT	7.00	0	25,327	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	22,535	3.00
4.00	SOCIAL SERVICE	17.00	0	3,257	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	50,415	5.00
6.00	RADIATION-ONCOLOGY	54.01	0	84,050	6.00
7.00	LABORATORY	60.00	0	12,233	7.00
8.00	PHYSICAL THERAPY	66.00	0	39,185	8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	2,586	9.00
10.00	CLINIC	90.00	0	129,522	10.00
	TOTALS		0	408,629	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,129,281	1,274,343	1.00
	TOTALS		1,129,281	1,274,343	
D - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	3,808,493	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	3,808,493	
500.00	Grand Total: Increases		1,129,281	10,681,154	500.00

RECLASSIFICATIONS

Provider CCN: 150005

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

Worksheet A-6

Date/Time Prepared:
5/28/2012 8:48 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DRUG RECLASS							
1.00	PHARMACY	15.00	0	5,189,689	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	5,189,689			
B - MOB PLANT RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	408,629	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		0	408,629			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,129,281	1,274,343	0		1.00
	TOTALS		1,129,281	1,274,343			
D - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	3,000,494	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,646	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	459,486	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,062	0		4.00
5.00	RENAL DIALYSIS	74.00	0	2,286	0		5.00
6.00	CLINIC	90.00	0	280,519	0		6.00
	TOTALS		0	3,808,493			
500.00	Grand Total: Decreases		1,129,281	10,681,154			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	18,731,398	20,455	0	1,875,000	1.00
2.00	Land Improvements	6,143,030	17,000	0	187,959	2.00
3.00	Buildings and Fixtures	229,530,882	9,553,350	0	2,676,998	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	69,580,374	5,181,855	0	8,044,270	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	323,985,684	14,772,660	0	12,784,227	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	323,985,684	14,772,660	0	12,784,227	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	NEW CAP REL COSTS-BLDG & FIXT	12,822,236	0	5,946,237	137,826	1.00
3.00	Total (sum of lines 1-2)	12,822,236	0	5,946,237	137,826	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	16,876,853	0				1.00
2.00	Land Improvements	5,972,071	0				2.00
3.00	Buildings and Fixtures	236,407,234	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	66,717,959	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	325,974,117	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	325,974,117	0				10.00
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	18,906,299				1.00
3.00	Total (sum of lines 1-2)	0	18,906,299				3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	12,807,806	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	12,807,806	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150005

Period:
From 01/01/2011
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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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,191,624	137,826	0	0	18,137,256	1.00
3.00	Total (sum of lines 1-2)	5,191,624	137,826	0	0	18,137,256	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-754,613	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	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	-3,568,023		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	A	-699,253	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		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	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		0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 ADMIN TTING TELEPHONE (EQUIPMENT)	A	-21,676	ADMINISTRATIVE & GENERAL	5.00 33.00
34.00 ADMIN TTING TELEPHONE (SALARY)	A	-55,338	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 MARKETING DEPARTMENT	A	-1,712,221	ADMINISTRATIVE & GENERAL	5.00 35.00
36.00 STAFF EDUCATION ED DEPT COURSES	B	-1,252	NURSING ADMINISTRATION	13.00 36.00
37.00 NURS. ADMIN ED DEPT COURSES	B	-25	NURSING ADMINISTRATION	13.00 37.00
38.00 CBC - OB UNIT ED DEPT COURSES	B	-1,295	ADULTS & PEDIATRICS	30.00 38.00
39.00 EMS PROGRAM ED DEPT COURSES	B	-62,458	EMERGENCY	91.00 39.00
40.00 LABORATORY MISC. SERVICES	B	-2,570	LABORATORY	60.00 40.00
41.00 RADIOLOGY MISC./OTHER	B	-8,781	RADIOLOGY-DIAGNOSTIC	54.00 41.00
42.00 RADIOLOGY SALE OF X-RAYS	B	-1,966	RADIOLOGY-DIAGNOSTIC	54.00 42.00
43.00 RAD ONCOLOGY SALE OF X-RAYS	B	-43	RADIATION-ONCOLOGY	54.01 43.00
44.00 ONCOLOGY INFU CLINIC MISCELLANEOUS	B	-1,275	RADIATION-ONCOLOGY	54.01 44.00
45.00 PHARMACY SUPPLIES SOLD TO OTHERS	B	-1,300	DRUGS CHARGED TO PATIENTS	73.00 45.00
45.01 PHYSICAL THERAPY SUPPLIES SOLD TO OT	B	-100	PHYSICAL THERAPY	66.00 45.01
45.02 SPORTS MEDICINE ED DEPT. COURSES	B	-123,804	PHYSICAL THERAPY	66.00 45.02
45.03 PLAINFIELD PT SUPPLIES SOLD TO OTHER	B	-1,718	PHYSICAL THERAPY	66.00 45.03
45.04 SPEECH THERAPY ED DEPT COURSES	B	-82	SPEECH PATHOLOGY	68.00 45.04
45.05 DIETARY CATERING	B	-10,989	CAFETERIA	11.00 45.05
45.06 DIETARY ED DEPT COURSES	B	-1,215	CAFETERIA	11.00 45.06
45.07 REGISTRATION ANSWERING SERVICE	B	-5,868	ADMINISTRATIVE & GENERAL	5.00 45.07
45.08 ACCOUNTING MISCELLANEOUS/OTHER	B	-12,562	ADMINISTRATIVE & GENERAL	5.00 45.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			3.00	4.00	
45.09 ACCOUNTING PURCHASE DISCOUNTS TAKEN	B	-267	ADMINISTRATIVE & GENERAL	5.00	45.09
45.10 HEALTH INFO MGMT MEDICAL RECORDS TRA	B	-9,902	MEDICAL RECORDS & LIBRARY	16.00	45.10
45.11 HEALTH INFO MGMT TRANSCRIPTION SERVI	B	-72,521	MEDICAL RECORDS & LIBRARY	16.00	45.11
45.12 HUMAN RESOURCES JURY DUTY RECEIPTS	B	-280	EMPLOYEE BENEFITS	4.00	45.12
45.13 MATERIALS MGMT. SUPPLIES SOLD TO OTH	B	-1,020	CENTRAL SERVICES & SUPPLY	14.00	45.13
45.14 PLAINFIELD PT ED DEPT COURSES	B	-70	PHYSICAL THERAPY	66.00	45.14
45.15 AVON ORTH/SPORT MISC./OTHER	B	-470	PHYSICAL THERAPY	66.00	45.15
45.16 OCC THERAPY REHAB SUPPLIES SOLD TO O	B	-42,122	OCCUPATIONAL THERAPY	67.00	45.16
45.17 MARKETING FITNESS CENTER	B	-21,340	ADMINISTRATIVE & GENERAL	5.00	45.17
45.18 HUMAN RESOURCES ED DEPT COURSES	B	-64	EMPLOYEE BENEFITS	4.00	45.18
45.19 MARKETING ED DEPT COURSES	B	-61,605	ADMINISTRATIVE & GENERAL	5.00	45.19
45.20 MEALS ON WHEELS	A	-324,572	DIETARY	10.00	45.20
45.21 1993 CARRYFORWARD	A	-11,142	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.21
45.22 1994 CARRYFORWARD	A	-3,288	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.22
45.23 PHYSICIAN RECRUITMENT	A	-782,788	ADMINISTRATIVE & GENERAL	5.00	45.23
45.24 IHA LOBBYING EXPENSE	A	-3,266	ADMINISTRATIVE & GENERAL	5.00	45.24
45.25 AHA LOBBYING EXPENSE	A	-5,849	ADMINISTRATIVE & GENERAL	5.00	45.25
45.26 GUEST ROOM RENTAL	B	-220	ADMINISTRATIVE & GENERAL	5.00	45.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,389,213			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8
Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	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 - 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	ADMITTING TELEPHONE (EQUIPMENT)	0	33.00
34.00	ADMITTING TELEPHONE (SALARY)	0	34.00
35.00	MARKETING DEPARTMENT	0	35.00
36.00	STAFF EDUCATION ED DEPT COURSES	0	36.00
37.00	NURS. ADMIN ED DEPT COURSES	0	37.00
38.00	CBC - OB UNIT ED DEPT COURSES	0	38.00
39.00	EMS PROGRAM ED DEPT COURSES	0	39.00
40.00	LABORATORY MISC. SERVICES	0	40.00
41.00	RADIOLOGY MISC./OTHER	0	41.00
42.00	RADIOLOGY SALE OF X-RAYS	0	42.00
43.00	RAD ONCOLOGY SALE OF X-RAYS	0	43.00
44.00	ONCOLOGY INFU CLINIC MISCELLANEOUS	0	44.00
45.00	PHARMACY SUPPLIES SOLD TO OTHERS	0	45.00
45.01	PHYSICAL THERAPY SUPPLIES SOLD TO OT	0	45.01
45.02	SPORTS MEDICINE ED DEPT. COURSES	0	45.02
45.03	PLAINFIELD PT SUPPLIES SOLD TO OTHER	0	45.03
45.04	SPEECH THERAPY ED DEPT COURSES	0	45.04
45.05	DIETARY CATERING	0	45.05
45.06	DIETARY ED DEPT COURSES	0	45.06
45.07	REGISTRATION ANSWERING SERVICE	0	45.07
45.08	ACCOUNTING MISCELLANEOUS/OTHER	0	45.08
45.09	ACCOUNTING PURCHASE DISCOUNTS TAKEN	0	45.09
45.10	HEALTH INFO MGMT MEDICAL RECORDS TRA	0	45.10
45.11	HEALTH INFO MGMT TRANSCRIPTION SERVI	0	45.11
45.12	HUMAN RESOURCES JURY DUTY RECEIPTS	0	45.12
45.13	MATERIALS MGMT. SUPPLIES SOLD TO OTH	0	45.13
45.14	PLAINFIELD PT ED DEPT COURSES	0	45.14
45.15	AVON ORTH/SPORT MISC./OTHER	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 150005

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.16	OCC THERAPY REHAB SUPPLIES SOLD TO O	0	45.16
45.17	MARKETING FITNESS CENTER	0	45.17
45.18	HUMAN RESOURCES ED DEPT COURSES	0	45.18
45.19	MARKETING ED DEPT COURSES	0	45.19
45.20	MEALS ON WHEELS	0	45.20
45.21	1993 CARRYFORWARD	9	45.21
45.22	1994 CARRYFORWARD	9	45.22
45.23	PHYSICIAN RECRUITMENT	0	45.23
45.24	IHA LOBBYING EXPENSE	0	45.24
45.25	AHA LOBBYING EXPENSE	0	45.25
45.26	GUEST ROOM RENTAL	0	45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		5.00ADMINISTRATIVE & GENERAL	1,688	1,688	1.00
2.00		30.00ADULTS & PEDIATRICS	1,488,419	1,488,419	2.00
3.00		91.00EMERGENCY	67,200	0	3.00
4.00		91.00EMERGENCY	85,785	0	4.00
5.00		60.00LABORATORY	62,738	0	5.00
6.00		66.00PHYSICAL THERAPY	23,350	23,350	6.00
7.00		66.00PHYSICAL THERAPY	270,935	270,935	7.00
8.00		69.00ELECTROCARDIOLOGY	127,024	112,024	8.00
9.00		59.00CARDIAC CATHETERIZATION	213,254	213,254	9.00
10.00		54.00RADIOLOGY-DIAGNOSTIC	69,347	69,347	10.00
11.00		91.00EMERGENCY	342,882	342,882	11.00
12.00		50.00OPERATING ROOM	976,877	976,877	12.00
13.00		65.00RESPIRATORY THERAPY	15,000	0	13.00
200.00			3,744,499	3,498,776	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	177,200	0	0	0	1.00
2.00	0	177,200	0	0	0	2.00
3.00	67,200	177,200	457	38,933	1,947	3.00
4.00	85,785	177,200	613	52,223	2,611	4.00
5.00	62,738	215,700	2,080	215,700	10,785	5.00
6.00	0	177,200	0	0	0	6.00
7.00	0	177,200	0	0	0	7.00
8.00	15,000	177,200	89	7,582	379	8.00
9.00	0	177,200	0	0	0	9.00
10.00	0	177,200	0	0	0	10.00
11.00	0	177,200	0	0	0	11.00
12.00	0	177,200	0	0	0	12.00
13.00	15,000	177,200	199	16,953	848	13.00
200.00	245,723		3,438	331,391	16,570	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	38,933	3.00
4.00	0	0	0	0	52,223	4.00
5.00	0	0	0	0	215,700	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	7,582	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	16,953	13.00
200.00	0	0	0	0	331,391	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150005

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2012 8:48 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,688	1.00
2.00	0	1,488,419	2.00
3.00	28,267	28,267	3.00
4.00	33,562	33,562	4.00
5.00	0	0	5.00
6.00	0	23,350	6.00
7.00	0	270,935	7.00
8.00	7,418	119,442	8.00
9.00	0	213,254	9.00
10.00	0	69,347	10.00
11.00	0	342,882	11.00
12.00	0	976,877	12.00
13.00	0	0	13.00
200.00	69,247	3,568,023	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT				
	0	1.00	4.00	4A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	18,137,256	18,137,256				1.00
4.00 EMPLOYEE BENEFITS	2,795,226	51,920	2,847,146			4.00
5.00 ADMINISTRATIVE & GENERAL	13,193,634	1,475,518	232,739	14,901,891	14,901,891	5.00
7.00 OPERATION OF PLANT	5,496,677	2,607,802	79,582	8,184,061	799,886	7.00
8.00 LAUNDRY & LINEN SERVICE	670,869	298,950	9,883	979,702	95,753	8.00
9.00 HOUSEKEEPING	3,066,423	134,201	73,074	3,273,698	319,961	9.00
10.00 DIETARY	463,389	526,495	14,146	1,004,030	98,131	10.00
11.00 CAFETERIA	1,692,167	93,501	43,151	1,828,819	178,743	11.00
13.00 NURSING ADMINISTRATION	2,855,510	272,142	75,768	3,203,420	313,093	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,353,288	403,922	21,182	1,778,392	173,815	14.00
15.00 PHARMACY	2,823,281	63,015	51,002	2,937,298	287,083	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,037,866	170,595	50,110	2,258,571	220,746	16.00
17.00 SOCIAL SERVICE	2,055,559	29,417	49,992	2,134,968	208,665	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	12,296,049	2,196,273	377,248	14,869,570	1,453,307	30.00
31.00 INTENSIVE CARE UNIT	2,682,276	276,919	68,663	3,027,858	295,934	31.00
43.00 NURSERY	439,353	52,423	10,897	502,673	49,130	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,386,940	871,834	71,188	5,329,962	520,934	50.00
50.01 ENDOSCOPY	1,142,266	152,241	23,968	1,318,475	128,864	50.01
51.00 RECOVERY ROOM	785,064	512,760	22,652	1,320,476	129,059	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,110,329	177,793	36,277	1,324,399	129,443	52.00
53.00 ANESTHESIOLOGY	1,214,774	0	0	1,214,774	118,728	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,023,692	937,489	120,966	7,082,147	692,188	54.00
54.01 RADIATION-ONCOLOGY	8,183,713	411,245	30,171	8,625,129	842,994	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	427,349	16,563	5,831	449,743	43,957	56.00
59.00 CARDIAC CATHETERIZATION	694,817	279,025	15,432	989,274	96,689	59.00
60.00 LABORATORY	6,591,761	343,799	86,414	7,021,974	686,307	60.00
64.00 INTRAVENOUS THERAPY	1,113,061	42,586	29,041	1,184,688	115,788	64.00
65.00 RESPIRATORY THERAPY	2,268,207	199,698	57,086	2,524,991	246,785	65.00
66.00 PHYSICAL THERAPY	4,063,238	527,280	118,622	4,709,140	460,257	66.00
67.00 OCCUPATIONAL THERAPY	390,253	36,017	11,550	437,820	42,791	67.00
68.00 SPEECH PATHOLOGY	261,820	31,114	7,247	300,181	29,339	68.00
69.00 ELECTROCARDIOLOGY	769,558	131,561	10,322	911,441	89,082	69.00
69.01 CARDIAC REHAB	433,703	92,903	13,504	540,110	52,789	69.01
70.00 ELECTROENCEPHALOGRAPHY	135,584	84,292	3,526	223,402	21,835	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	3,808,493	0	0	3,808,493	372,231	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,124,823	0	0	5,124,823	500,885	73.00
73.01 ULTRA SOUND	563,517	17,286	16,695	597,498	58,398	73.01
74.00 RENAL DIALYSIS	85,461	0	0	85,461	8,353	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	5,392,064	633,730	50,555	6,076,349	593,884	90.00
91.00 EMERGENCY	4,054,508	710,730	103,868	4,869,106	475,892	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,083,818	14,863,039	1,992,352	126,954,807	10,951,719	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	30,371,032	2,610,159	708,618	33,689,809	3,292,698	192.00
192.01 HEALTH TRACKS	3,457,683	390,502	95,874	3,944,059	385,480	192.01
194.00 PRIMARY CARE CLINIC	629,534	0	14,047	643,581	62,902	194.00
194.01 PARTNERS IN CARE	659,157	124,804	16,385	800,346	78,223	194.01
194.02 OCCUPATIONAL MEDICINE	744,242	148,752	6,224	899,218	87,887	194.02
194.03 FOUNDATION	167,437	0	4,637	172,074	16,818	194.03
194.04 SCHOOL & TOWN CLINICS	258,694	0	9,009	267,703	26,164	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum Lines 118-201)	167,371,597	18,137,256	2,847,146	167,371,597	14,901,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B Part I Date/Time Prepared: 5/28/2012 8:48 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT	8,983,947					7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,075,455				8.00
9.00	HOUSEKEEPING	137,252	0	3,730,911			9.00
10.00	DIETARY	538,464	0	0	1,640,625		10.00
11.00	CAFETERIA	95,626	0	0	0	2,103,188	11.00
13.00	NURSING ADMINISTRATION	278,329	0	0	0	109,683	13.00
14.00	CENTRAL SERVICES & SUPPLY	413,105	5,829	58,271	0	50,964	14.00
15.00	PHARMACY	64,447	2,332	17,282	0	67,915	15.00
16.00	MEDICAL RECORDS & LIBRARY	174,474	0	0	0	110,789	16.00
17.00	SOCIAL SERVICE	0	0	0	0	64,348	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,246,204	289,699	1,563,576	1,270,716	529,843	30.00
31.00	INTENSIVE CARE UNIT	283,214	34,610	141,358	171,804	103,283	31.00
43.00	NURSERY	53,615	24,409	12,186	198,105	12,496	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	891,654	56,614	274,739	0	114,302	50.00
50.01	ENDOSCOPY	155,702	22,515	6,647	0	40,144	50.01
51.00	RECOVERY ROOM	524,417	32,861	49,630	0	25,006	51.00
52.00	DELIVERY ROOM & LABOR ROOM	181,834	39,492	5,761	0	46,035	52.00
53.00	ANESTHESIOLOGY	0	0	6,204	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	637,240	108,493	167,724	0	167,899	54.00
54.01	RADIATION-ONCOLOGY	0	8,598	79,541	0	41,560	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	16,940	0	6,868	0	7,099	56.00
59.00	CARDIAC CATHETERIZATION	285,368	0	0	0	19,413	59.00
60.00	LABORATORY	261,903	1,020	106,794	0	134,377	60.00
64.00	INTRAVENOUS THERAPY	43,554	4,080	8,641	0	38,888	64.00
65.00	RESPIRATORY THERAPY	204,238	0	13,959	0	93,967	65.00
66.00	PHYSICAL THERAPY	225,935	91,079	98,596	0	66,140	66.00
67.00	OCCUPATIONAL THERAPY	13,918	0	17,060	0	11,373	67.00
68.00	SPEECH PATHOLOGY	31,822	0	6,868	0	9,330	68.00
69.00	ELECTROCARDIOLOGY	134,552	11,950	94,386	0	29,379	69.00
69.01	CARDIAC REHAB	95,016	219	18,390	0	17,430	69.01
70.00	ELECTROENCEPHALOGRAPHY	86,208	1,239	37,444	0	6,168	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	ULTRA SOUND	17,679	0	7,755	0	18,107	73.01
74.00	RENAL DIALYSIS	0	0	10,413	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	107,473	153,987	0	0	90.00
91.00	EMERGENCY	726,888	168,969	293,793	0	167,250	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,819,598	1,011,481	3,257,873	1,640,625	2,103,188	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	36,708	45,248	288,919	0	0	192.00
192.01	HEALTH TRACKS	0	10,929	93,943	0	0	192.01
194.00	PRIMARY CARE CLINIC	0	0	4,874	0	0	194.00
194.01	PARTNERS IN CARE	127,641	2,769	25,701	0	0	194.01
194.02	OCCUPATIONAL MEDICINE	0	5,028	57,607	0	0	194.02
194.03	FOUNDATION	0	0	1,994	0	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
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)	8,983,947	1,075,455	3,730,911	1,640,625	2,103,188	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	3,904,525					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,480,376				14.00
15.00	PHARMACY	0	0	3,376,357			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	2,764,580		16.00
17.00	SOCIAL SERVICE	0	0	0	0	2,407,981	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,513,986	0	0	243,046	2,019,056	30.00
31.00	INTENSIVE CARE UNIT	295,125	0	0	72,002	212,869	31.00
43.00	NURSERY	35,708	0	0	0	60,019	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	326,610	0	0	338,045	103,233	50.00
50.01	ENDOSCOPY	114,709	0	0	83,332	0	50.01
51.00	RECOVERY ROOM	71,454	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	131,543	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	479,758	0	0	665,788	0	54.00
54.01	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	55,470	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	763,541	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	268,505	0	0	101,287	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	147,619	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	18,132	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	83,948	0	0	75,839	0	69.00
69.01	CARDIAC REHAB	49,804	0	0	10,609	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	5,647	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,480,376	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	3,376,357	0	0	73.00
73.01	ULTRA SOUND	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	477,905	0	0	239,693	12,804	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,904,525	2,480,376	3,376,357	2,764,580	2,407,981	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	HEALTH TRACKS	0	0	0	0	0	192.01
194.00	PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	FOUNDATION	0	0	0	0	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,904,525	2,480,376	3,376,357	2,764,580	2,407,981	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150005

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
7.00 OPERATION OF PLANT				7.00
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	25,999,003	0	25,999,003	30.00
31.00 INTENSIVE CARE UNIT	4,638,057	0	4,638,057	31.00
43.00 NURSERY	948,341	0	948,341	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	7,956,093	0	7,956,093	50.00
50.01 ENDOSCOPY	1,870,388	0	1,870,388	50.01
51.00 RECOVERY ROOM	2,152,903	0	2,152,903	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,858,507	0	1,858,507	52.00
53.00 ANESTHESIOLOGY	1,339,706	0	1,339,706	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,001,237	0	10,001,237	54.00
54.01 RADIOLOGY-ONCOLOGY	9,597,822	0	9,597,822	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	524,607	0	524,607	56.00
59.00 CARDIAC CATHETERIZATION	1,446,214	0	1,446,214	59.00
60.00 LABORATORY	8,975,916	0	8,975,916	60.00
64.00 INTRAVENOUS THERAPY	1,395,639	0	1,395,639	64.00
65.00 RESPIRATORY THERAPY	3,453,732	0	3,453,732	65.00
66.00 PHYSICAL THERAPY	5,798,766	0	5,798,766	66.00
67.00 OCCUPATIONAL THERAPY	541,094	0	541,094	67.00
68.00 SPEECH PATHOLOGY	377,540	0	377,540	68.00
69.00 ELECTROCARDIOLOGY	1,430,577	0	1,430,577	69.00
69.01 CARDIAC REHAB	784,367	0	784,367	69.01
70.00 ELECTROENCEPHALOGRAPHY	381,943	0	381,943	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,480,376	0	2,480,376	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	4,180,724	0	4,180,724	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,002,065	0	9,002,065	73.00
73.01 ULTRA SOUND	699,437	0	699,437	73.01
74.00 RENAL DIALYSIS	104,227	0	104,227	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	6,931,693	0	6,931,693	90.00
91.00 EMERGENCY	7,432,300	0	7,432,300	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1-117)	122,303,274	0	122,303,274	118.00
NONREIMBURSABLE COST CENTERS				
192.00 PHYSICIANS' PRIVATE OFFICES	37,353,382	0	37,353,382	192.00
192.01 HEALTH TRACKS	4,434,411	0	4,434,411	192.01
194.00 PRIMARY CARE CLINIC	711,357	0	711,357	194.00
194.01 PARTNERS IN CARE	1,034,680	0	1,034,680	194.01
194.02 OCCUPATIONAL MEDICINE FOUNDATION	1,049,740	0	1,049,740	194.02
194.03 FOUNDATION	190,886	0	190,886	194.03
194.04 SCHOOL & TOWN CLINICS	293,867	0	293,867	194.04
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	167,371,597	0	167,371,597	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS	0	51,920	51,920	51,920		4.00
5.00	ADMINISTRATIVE & GENERAL	0	1,475,518	1,475,518	4,245	1,479,763	5.00
7.00	OPERATION OF PLANT	0	2,607,802	2,607,802	1,452	79,426	7.00
8.00	LAUNDRY & LINEN SERVICE	0	298,950	298,950	180	9,508	8.00
9.00	HOUSEKEEPING	0	134,201	134,201	1,333	31,771	9.00
10.00	DIETARY	0	526,495	526,495	258	9,744	10.00
11.00	CAFETERIA	0	93,501	93,501	787	17,749	11.00
13.00	NURSING ADMINISTRATION	0	272,142	272,142	1,382	31,089	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	403,922	403,922	386	17,259	14.00
15.00	PHARMACY	0	63,015	63,015	930	28,506	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	170,595	170,595	914	21,919	16.00
17.00	SOCIAL SERVICE	0	29,417	29,417	912	20,720	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	2,196,273	2,196,273	6,881	144,309	30.00
31.00	INTENSIVE CARE UNIT	0	276,919	276,919	1,252	29,385	31.00
43.00	NURSERY	0	52,423	52,423	199	4,878	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	871,834	871,834	1,299	51,727	50.00
50.01	ENDOSCOPY	0	152,241	152,241	437	12,796	50.01
51.00	RECOVERY ROOM	0	512,760	512,760	413	12,815	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	177,793	177,793	662	12,853	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	11,789	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	937,489	937,489	2,207	68,732	54.00
54.01	RADIATION-ONCOLOGY	0	411,245	411,245	550	83,707	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	16,563	16,563	106	4,365	56.00
59.00	CARDIAC CATHETERIZATION	0	279,025	279,025	281	9,601	59.00
60.00	LABORATORY	0	343,799	343,799	1,576	68,148	60.00
64.00	INTRAVENOUS THERAPY	0	42,586	42,586	530	11,497	64.00
65.00	RESPIRATORY THERAPY	0	199,698	199,698	1,041	24,505	65.00
66.00	PHYSICAL THERAPY	0	527,280	527,280	2,164	45,702	66.00
67.00	OCCUPATIONAL THERAPY	0	36,017	36,017	211	4,249	67.00
68.00	SPEECH PATHOLOGY	0	31,114	31,114	132	2,913	68.00
69.00	ELECTROCARDIOLOGY	0	131,561	131,561	188	8,846	69.00
69.01	CARDIAC REHAB	0	92,903	92,903	246	5,242	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	84,292	84,292	64	2,168	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	36,961	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	49,736	73.00
73.01	ULTRA SOUND	0	17,286	17,286	305	5,799	73.01
74.00	RENAL DIALYSIS	0	0	0	0	829	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	633,730	633,730	922	58,971	90.00
91.00	EMERGENCY	0	710,730	710,730	1,895	47,255	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,863,039	14,863,039	36,340	1,087,469	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	2,610,159	2,610,159	12,913	327,009	192.00
192.01	HEALTH TRACKS	0	390,502	390,502	1,749	38,277	192.01
194.00	PRIMARY CARE CLINIC	0	0	0	256	6,246	194.00
194.01	PARTNERS IN CARE	0	124,804	124,804	299	7,767	194.01
194.02	OCCUPATIONAL MEDICINE	0	148,752	148,752	114	8,727	194.02
194.03	FOUNDATION	0	0	0	85	1,670	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	164	2,598	194.04
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,137,256	18,137,256	51,920	1,479,763	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT	2,688,680					7.00
8.00	LAUNDRY & LINEN SERVICE	0	308,638				8.00
9.00	HOUSEKEEPING	41,076	0	208,381			9.00
10.00	DIETARY	161,149	0	0	697,646		10.00
11.00	CAFETERIA	28,619	0	0	0	140,656	11.00
13.00	NURSING ADMINISTRATION	83,297	0	0	0	7,335	13.00
14.00	CENTRAL SERVICES & SUPPLY	123,633	1,673	3,255	0	3,408	14.00
15.00	PHARMACY	19,288	669	965	0	4,542	15.00
16.00	MEDICAL RECORDS & LIBRARY	52,216	0	0	0	7,409	16.00
17.00	SOCIAL SERVICE	0	0	0	0	4,303	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	672,231	83,141	87,328	540,348	35,435	30.00
31.00	INTENSIVE CARE UNIT	84,759	9,932	7,895	73,057	6,907	31.00
43.00	NURSERY	16,046	7,005	681	84,241	836	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	266,851	16,247	15,345	0	7,644	50.00
50.01	ENDOSCOPY	46,598	6,461	371	0	2,685	50.01
51.00	RECOVERY ROOM	156,946	9,431	2,772	0	1,672	51.00
52.00	DELIVERY ROOM & LABOR ROOM	54,419	11,333	322	0	3,079	52.00
53.00	ANESTHESIOLOGY	0	0	346	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	190,711	31,136	9,368	0	11,229	54.00
54.01	RADIATION-ONCOLOGY	0	2,467	4,443	0	2,779	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	5,070	0	384	0	475	56.00
59.00	CARDIAC CATHETERIZATION	85,404	0	0	0	1,298	59.00
60.00	LABORATORY	78,381	293	5,965	0	8,987	60.00
64.00	INTRAVENOUS THERAPY	13,035	1,171	483	0	2,601	64.00
65.00	RESPIRATORY THERAPY	61,124	0	780	0	6,284	65.00
66.00	PHYSICAL THERAPY	67,617	26,138	5,507	0	4,423	66.00
67.00	OCCUPATIONAL THERAPY	4,165	0	953	0	761	67.00
68.00	SPEECH PATHOLOGY	9,524	0	384	0	624	68.00
69.00	ELECTROCARDIOLOGY	40,268	3,429	5,272	0	1,965	69.00
69.01	CARDIAC REHAB	28,436	63	1,027	0	1,166	69.01
70.00	ELECTROENCEPHALOGRAPHY	25,800	355	2,091	0	413	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	ULTRA SOUND	5,291	0	433	0	1,211	73.01
74.00	RENAL DIALYSIS	0	0	582	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	30,843	8,601	0	0	90.00
91.00	EMERGENCY	217,540	48,491	16,409	0	11,185	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,639,494	290,278	181,962	697,646	140,656	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	10,986	12,985	16,137	0	0	192.00
192.01	HEALTH TRACKS	0	3,137	5,247	0	0	192.01
194.00	PRIMARY CARE CLINIC	0	0	272	0	0	194.00
194.01	PARTNERS IN CARE	38,200	795	1,435	0	0	194.01
194.02	OCCUPATIONAL MEDICINE	0	1,443	3,217	0	0	194.02
194.03	FOUNDATION	0	0	111	0	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
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)	2,688,680	308,638	208,381	697,646	140,656	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	395,245					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	553,536				14.00
15.00	PHARMACY	0	0	117,915			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	253,053		16.00
17.00	SOCIAL SERVICE	0	0	0	0	55,352	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	153,255	0	0	22,238	46,412	30.00
31.00	INTENSIVE CARE UNIT	29,875	0	0	6,588	4,893	31.00
43.00	NURSERY	3,615	0	0	0	1,380	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	33,062	0	0	30,931	2,373	50.00
50.01	ENDOSCOPY	11,612	0	0	7,625	0	50.01
51.00	RECOVERY ROOM	7,233	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	13,316	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,565	0	0	60,919	0	54.00
54.01	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	5,615	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	69,959	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	27,180	0	0	9,268	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	13,507	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1,659	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	8,498	0	0	6,939	0	69.00
69.01	CARDIAC REHAB	5,042	0	0	971	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	517	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	553,536	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	117,915	0	0	73.00
73.01	ULTRA SOUND	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	48,377	0	0	21,932	294	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	395,245	553,536	117,915	253,053	55,352	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	HEALTH TRACKS	0	0	0	0	0	192.01
194.00	PRIMARY CARE CLINIC	0	0	0	0	0	194.00
194.01	PARTNERS IN CARE	0	0	0	0	0	194.01
194.02	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	FOUNDATION	0	0	0	0	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
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)	395,245	553,536	117,915	253,053	55,352	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150005

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	EMPLOYEE BENEFITS				4.00
5.00	ADMINISTRATIVE & GENERAL				5.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
17.00	SOCIAL SERVICE				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	3,987,851	0	3,987,851	30.00
31.00	INTENSIVE CARE UNIT	531,462	0	531,462	31.00
43.00	NURSERY	171,304	0	171,304	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,297,313	0	1,297,313	50.00
50.01	ENDOSCOPY	240,826	0	240,826	50.01
51.00	RECOVERY ROOM	704,042	0	704,042	51.00
52.00	DELIVERY ROOM & LABOR ROOM	273,777	0	273,777	52.00
53.00	ANESTHESIOLOGY	12,135	0	12,135	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,360,356	0	1,360,356	54.00
54.01	RADIATION-ONCOLOGY	505,191	0	505,191	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	26,963	0	26,963	56.00
59.00	CARDIAC CATHETERIZATION	381,224	0	381,224	59.00
60.00	LABORATORY	577,108	0	577,108	60.00
64.00	INTRAVENOUS THERAPY	71,903	0	71,903	64.00
65.00	RESPIRATORY THERAPY	329,880	0	329,880	65.00
66.00	PHYSICAL THERAPY	692,338	0	692,338	66.00
67.00	OCCUPATIONAL THERAPY	48,015	0	48,015	67.00
68.00	SPEECH PATHOLOGY	44,691	0	44,691	68.00
69.00	ELECTROCARDIOLOGY	206,966	0	206,966	69.00
69.01	CARDIAC REHAB	135,096	0	135,096	69.01
70.00	ELECTROENCEPHALOGRAPHY	115,700	0	115,700	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	553,536	0	553,536	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	36,961	0	36,961	72.00
73.00	DRUGS CHARGED TO PATIENTS	167,651	0	167,651	73.00
73.01	ULTRA SOUND	30,325	0	30,325	73.01
74.00	RENAL DIALYSIS	1,411	0	1,411	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	733,067	0	733,067	90.00
91.00	EMERGENCY	1,124,108	0	1,124,108	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,361,200	0	14,361,200	118.00
NONREIMBURSABLE COST CENTERS					
192.00	PHYSICIANS' PRIVATE OFFICES	2,990,189	0	2,990,189	192.00
192.01	HEALTH TRACKS	438,912	0	438,912	192.01
194.00	PRIMARY CARE CLINIC	6,774	0	6,774	194.00
194.01	PARTNERS IN CARE	173,300	0	173,300	194.01
194.02	OCCUPATIONAL MEDICINE	162,253	0	162,253	194.02
194.03	FOUNDATION	1,866	0	1,866	194.03
194.04	SCHOOL & TOWN CLINICS	2,762	0	2,762	194.04
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	18,137,256	0	18,137,256	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

Worksheet B-1
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	577,091					1.00
4.00	EMPLOYEE BENEFITS	1,652	74,511,597				4.00
5.00	ADMINISTRATIVE & GENERAL	46,948	6,090,895	-14,901,891	152,469,706		5.00
7.00	OPERATION OF PLANT	82,975	2,082,706	0	8,184,061	279,497	7.00
8.00	LAUNDRY & LINEN SERVICE	9,512	258,638	0	979,702	0	8.00
9.00	HOUSEKEEPING	4,270	1,912,393	0	3,273,698	4,270	9.00
10.00	DIETARY	16,752	370,203	0	1,004,030	16,752	10.00
11.00	CAFETERIA	2,975	1,129,281	0	1,828,819	2,975	11.00
13.00	NURSING ADMINISTRATION	8,659	1,982,880	0	3,203,420	8,659	13.00
14.00	CENTRAL SERVICES & SUPPLY	12,852	554,356	0	1,778,392	12,852	14.00
15.00	PHARMACY	2,005	1,334,737	0	2,937,298	2,005	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,428	1,311,394	0	2,258,571	5,428	16.00
17.00	SOCIAL SERVICE	936	1,308,304	0	2,134,968	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	69,881	9,872,761	0	14,869,570	69,881	30.00
31.00	INTENSIVE CARE UNIT	8,811	1,796,947	0	3,027,858	8,811	31.00
43.00	NURSERY	1,668	285,191	0	502,673	1,668	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	27,740	1,863,034	0	5,329,962	27,740	50.00
50.01	ENDOSCOPY	4,844	627,266	0	1,318,475	4,844	50.01
51.00	RECOVERY ROOM	16,315	592,825	0	1,320,476	16,315	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,657	949,393	0	1,324,399	5,657	52.00
53.00	ANESTHESIOLOGY	0	0	0	1,214,774	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	29,829	3,165,727	0	7,082,147	19,825	54.00
54.01	RADIATION-ONCOLOGY	13,085	789,597	0	8,625,129	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	527	152,597	0	449,743	527	56.00
59.00	CARDIAC CATHETERIZATION	8,878	403,865	0	989,274	8,878	59.00
60.00	LABORATORY	10,939	2,261,486	0	7,021,974	8,148	60.00
64.00	INTRAVENOUS THERAPY	1,355	760,023	0	1,184,688	1,355	64.00
65.00	RESPIRATORY THERAPY	6,354	1,493,975	0	2,524,991	6,354	65.00
66.00	PHYSICAL THERAPY	16,777	3,104,393	0	4,709,140	7,029	66.00
67.00	OCCUPATIONAL THERAPY	1,146	302,260	0	437,820	433	67.00
68.00	SPEECH PATHOLOGY	990	189,646	0	300,181	990	68.00
69.00	ELECTROCARDIOLOGY	4,186	270,143	0	911,441	4,186	69.00
69.01	CARDIAC REHAB	2,956	353,416	0	540,110	2,956	69.01
70.00	ELECTROENCEPHALOGRAPHY	2,682	92,287	0	223,402	2,682	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	3,808,493	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	5,124,823	0	73.00
73.01	ULTRA SOUND	550	436,904	0	597,498	550	73.01
74.00	RENAL DIALYSIS	0	0	0	85,461	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	20,164	1,323,055	0	6,076,349	0	90.00
91.00	EMERGENCY	22,614	2,718,265	0	4,869,106	22,614	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	472,912	52,140,843	-14,901,891	112,052,916	274,384	118.00
NONREIMBURSABLE COST CENTERS							
192.00	PHYSICIANS' PRIVATE OFFICES	83,050	18,545,276	0	33,689,809	1,142	192.00
192.01	HEALTH TRACKS	12,425	2,509,070	0	3,944,059	0	192.01
194.00	PRIMARY CARE CLINIC	0	367,605	0	643,581	0	194.00
194.01	PARTNERS IN CARE	3,971	428,797	0	800,346	3,971	194.01
194.02	OCCUPATIONAL MEDICINE	4,733	162,895	0	899,218	0	194.02
194.03	FOUNDATION	0	121,348	0	172,074	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	235,763	0	267,703	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	18,137,256	2,847,146		14,901,891	8,983,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.428763	0.038211		0.097737	32.143268	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		51,920		1,479,763	2,688,680	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000697		0.009705	9.619710	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

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Date/Time Prepared:
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	14,760					8.00
9.00 HOUSEKEEPING	0	16,839				9.00
10.00 DIETARY	0	0	23,205			10.00
11.00 CAFETERIA	0	0	0	1,245,275		11.00
13.00 NURSING ADMINISTRATION	0	0	0	64,942	809,059	13.00
14.00 CENTRAL SERVICES & SUPPLY	80	263	0	30,175	0	14.00
15.00 PHARMACY	32	78	0	40,212	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	65,597	0	16.00
17.00 SOCIAL SERVICE	0	0	0	38,100	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,976	7,057	17,973	313,714	313,714	30.00
31.00 INTENSIVE CARE UNIT	475	638	2,430	61,153	61,153	31.00
43.00 NURSERY	335	55	2,802	7,399	7,399	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	777	1,240	0	67,677	67,677	50.00
50.01 ENDOSCOPY	309	30	0	23,769	23,769	50.01
51.00 RECOVERY ROOM	451	224	0	14,806	14,806	51.00
52.00 DELIVERY ROOM & LABOR ROOM	542	26	0	27,257	27,257	52.00
53.00 ANESTHESIOLOGY	0	28	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,489	757	0	99,411	99,411	54.00
54.01 RADIATION-ONCOLOGY	118	359	0	24,607	0	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	31	0	4,203	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	11,494	11,494	59.00
60.00 LABORATORY	14	482	0	79,563	0	60.00
64.00 INTRAVENOUS THERAPY	56	39	0	23,025	0	64.00
65.00 RESPIRATORY THERAPY	0	63	0	55,637	55,637	65.00
66.00 PHYSICAL THERAPY	1,250	445	0	39,161	0	66.00
67.00 OCCUPATIONAL THERAPY	0	77	0	6,734	0	67.00
68.00 SPEECH PATHOLOGY	0	31	0	5,524	0	68.00
69.00 ELECTROCARDIOLOGY	164	426	0	17,395	17,395	69.00
69.01 CARDIAC REHAB	3	83	0	10,320	10,320	69.01
70.00 ELECTROENCEPHALOGRAPHY	17	169	0	3,652	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 ULTRA SOUND	0	35	0	10,721	0	73.01
74.00 RENAL DIALYSIS	0	47	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,475	695	0	0	0	90.00
91.00 EMERGENCY	2,319	1,326	0	99,027	99,027	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,882	14,704	23,205	1,245,275	809,059	118.00
NONREIMBURSABLE COST CENTERS						
192.00 PHYSICIANS' PRIVATE OFFICES	621	1,304	0	0	0	192.00
192.01 HEALTH TRACKS	150	424	0	0	0	192.01
194.00 PRIMARY CARE CLINIC	0	22	0	0	0	194.00
194.01 PARTNERS IN CARE	38	116	0	0	0	194.01
194.02 OCCUPATIONAL MEDICINE FOUNDATION	69	260	0	0	0	194.02
194.03 FOUNDATION	0	9	0	0	0	194.03
194.04 SCHOOL & TOWN CLINICS	0	0	0	0	0	194.04
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)	1,075,455	3,730,911	1,640,625	2,103,188	3,904,525	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	72.862805	221.563691	70.701357	1.688935	4.826008	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	308,638	208,381	697,646	140,656	395,245	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	20.910434	12.374903	30.064469	0.112952	0.488524	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150005

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

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Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (100% ALLOCATION)	PHARMACY (100% ALLOCATION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY	100				14.00
15.00	PHARMACY	0	100			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	232,918,600		16.00
17.00	SOCIAL SERVICE	0	0	0	3,009	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	20,477,376	2,523	30.00
31.00	INTENSIVE CARE UNIT	0	0	6,066,399	266	31.00
43.00	NURSERY	0	0	0	75	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	28,481,320	129	50.00
50.01	ENDOSCOPY	0	0	7,020,976	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	56,094,676	0	54.00
54.01	RADIATION-ONCOLOGY	0	0	0	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	0	64,324,907	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	8,533,753	0	65.00
66.00	PHYSICAL THERAPY	0	0	12,437,330	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,527,691	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	6,389,687	0	69.00
69.01	CARDIAC REHAB	0	0	893,832	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	475,808	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	100	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100	0	0	73.00
73.01	ULTRA SOUND	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	90.00
91.00	EMERGENCY	0	0	20,194,845	16	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	232,918,600	3,009	118.00
NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	HEALTH TRACKS	0	0	0	0	192.01
194.00	PRIMARY CARE CLINIC	0	0	0	0	194.00
194.01	PARTNERS IN CARE	0	0	0	0	194.01
194.02	OCCUPATIONAL MEDICINE	0	0	0	0	194.02
194.03	FOUNDATION	0	0	0	0	194.03
194.04	SCHOOL & TOWN CLINICS	0	0	0	0	194.04
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)	2,480,376	3,376,357	2,764,580	2,407,981	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24,803.760000	33,763.570000	0.011869	800.259555	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	553,536	117,915	253,053	55,352	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5,535.360000	1,179.150000	0.001086	18.395480	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
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		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		25,999,003	0	25,999,003	30.00	
31.00	INTENSIVE CARE UNIT		4,638,057	0	4,638,057	31.00	
43.00	NURSERY		948,341	0	948,341	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		7,956,093	0	7,956,093	50.00	
50.01	ENDOSCOPY		1,870,388	0	1,870,388	50.01	
51.00	RECOVERY ROOM		2,152,903	0	2,152,903	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		1,858,507	0	1,858,507	52.00	
53.00	ANESTHESIOLOGY		1,339,706	0	1,339,706	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		10,001,237	0	10,001,237	54.00	
54.01	RADIATION-ONCOLOGY		9,597,822	0	9,597,822	54.01	
56.00	NUCLEAR MEDICINE - DIAGNOSTIC		524,607	0	524,607	56.00	
59.00	CARDIAC CATHETERIZATION		1,446,214	0	1,446,214	59.00	
60.00	LABORATORY		8,975,916	0	8,975,916	60.00	
64.00	INTRAVENOUS THERAPY		1,395,639	0	1,395,639	64.00	
65.00	RESPIRATORY THERAPY	0	3,453,732	0	3,453,732	65.00	
66.00	PHYSICAL THERAPY	0	5,798,766	0	5,798,766	66.00	
67.00	OCCUPATIONAL THERAPY	0	541,094	0	541,094	67.00	
68.00	SPEECH PATHOLOGY	0	377,540	0	377,540	68.00	
69.00	ELECTROCARDIOLOGY		1,430,577	7,418	1,437,995	69.00	
69.01	CARDIAC REHAB		784,367	0	784,367	69.01	
70.00	ELECTROENCEPHALOGRAPHY		381,943	0	381,943	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,480,376	0	2,480,376	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		4,180,724	0	4,180,724	72.00	
73.00	DRUGS CHARGED TO PATIENTS		9,002,065	0	9,002,065	73.00	
73.01	ULTRA SOUND		699,437	0	699,437	73.01	
74.00	RENAL DIALYSIS		104,227	0	104,227	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		6,931,693	0	6,931,693	90.00	
91.00	EMERGENCY		7,432,300	61,829	7,494,129	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,391,968		3,391,968	92.00	
200.00	Subtotal (see instructions)	0	125,695,242	69,247	125,764,489	200.00	
201.00	Less Observation Beds		3,391,968		3,391,968	201.00	
202.00	Total (see instructions)	0	122,303,274	69,247	122,372,521	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

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		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,477,376		20,477,376			30.00
31.00	INTENSIVE CARE UNIT	6,066,399		6,066,399			31.00
43.00	NURSERY	4,358,954		4,358,954			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,135,815	12,344,517	22,480,332	0.353914	0.000000	50.00
50.01	ENDOSCOPY	466,263	6,554,713	7,020,976	0.266400	0.000000	50.01
51.00	RECOVERY ROOM	1,562,216	3,063,088	4,625,304	0.465462	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	6,610,274	585,840	7,196,114	0.258265	0.000000	52.00
53.00	ANESTHESIOLOGY	2,241,433	5,728,400	7,969,833	0.168097	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	9,707,791	46,293,593	56,001,384	0.178589	0.000000	54.00
54.01	RADIATION-ONCOLOGY	190,330	28,434,878	28,625,208	0.335293	0.000000	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	323,119	2,007,790	2,330,909	0.225065	0.000000	56.00
59.00	CARDIAC CATHETERIZATION	2,733,741	4,717,421	7,451,162	0.194092	0.000000	59.00
60.00	LABORATORY	16,879,376	49,610,559	66,489,935	0.134997	0.000000	60.00
64.00	INTRAVENOUS THERAPY	1,480,599	2,996,392	4,476,991	0.311736	0.000000	64.00
65.00	RESPIRATORY THERAPY	4,690,956	3,842,797	8,533,753	0.404714	0.000000	65.00
66.00	PHYSICAL THERAPY	1,888,246	10,549,084	12,437,330	0.466239	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	623,534	904,157	1,527,691	0.354191	0.000000	67.00
68.00	SPEECH PATHOLOGY	90,062	225,903	315,965	1.194879	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,334,904	4,054,783	6,389,687	0.223888	0.000000	69.00
69.01	CARDIAC REHAB	38,206	855,626	893,832	0.877533	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	137,396	338,412	475,808	0.802725	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,332,886	3,170,776	7,503,662	0.330555	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,327,804	2,289,178	7,616,982	0.548869	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,369,014	9,673,326	20,042,340	0.449152	0.000000	73.00
73.01	ULTRA SOUND	1,545,550	5,384,610	6,930,160	0.100927	0.000000	73.01
74.00	RENAL DIALYSIS	194,549	0	194,549	0.535736	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	79,323	20,225,453	20,304,776	0.341382	0.000000	90.00
91.00	EMERGENCY	4,187,572	16,007,273	20,194,845	0.368030	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,407,333	2,407,333	1.409015	0.000000	92.00
200.00	Subtotal (see instructions)	119,073,688	242,265,902	361,339,590			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	119,073,688	242,265,902	361,339,590			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

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Part I
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.353914			50.00
50.01	ENDOSCOPY	0.266400			50.01
51.00	RECOVERY ROOM	0.465462			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.258265			52.00
53.00	ANESTHESIOLOGY	0.168097			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178589			54.00
54.01	RADIATION-ONCOLOGY	0.335293			54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.225065			56.00
59.00	CARDIAC CATHETERIZATION	0.194092			59.00
60.00	LABORATORY	0.134997			60.00
64.00	INTRAVENOUS THERAPY	0.311736			64.00
65.00	RESPIRATORY THERAPY	0.404714			65.00
66.00	PHYSICAL THERAPY	0.466239			66.00
67.00	OCCUPATIONAL THERAPY	0.354191			67.00
68.00	SPEECH PATHOLOGY	1.194879			68.00
69.00	ELECTROCARDIOLOGY	0.225049			69.00
69.01	CARDIAC REHAB	0.877533			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.802725			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330555			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.548869			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.449152			73.00
73.01	ULTRA SOUND	0.100927			73.01
74.00	RENAL DIALYSIS	0.535736			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.341382			90.00
91.00	EMERGENCY	0.371091			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.409015			92.00
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: 150005

Period:
From 01/01/2011
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		25,999,003	0	0	30.00	
31.00	INTENSIVE CARE UNIT		4,638,057	0	0	31.00	
43.00	NURSERY		948,341	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		7,956,093	0	0	50.00	
50.01	ENDOSCOPY		1,870,388	0	0	50.01	
51.00	RECOVERY ROOM		2,152,903	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		1,858,507	0	0	52.00	
53.00	ANESTHESIOLOGY		1,339,706	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		10,001,237	0	0	54.00	
54.01	RADIATION-ONCOLOGY		9,597,822	0	0	54.01	
56.00	NUCLEAR MEDICINE - DIAGNOSTIC		524,607	0	0	56.00	
59.00	CARDIAC CATHETERIZATION		1,446,214	0	0	59.00	
60.00	LABORATORY		8,975,916	0	0	60.00	
64.00	INTRAVENOUS THERAPY		1,395,639	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	3,453,732	0	0	65.00	
66.00	PHYSICAL THERAPY	0	5,798,766	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	541,094	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	377,540	0	0	68.00	
69.00	ELECTROCARDIOLOGY		1,430,577	0	0	69.00	
69.01	CARDIAC REHAB		784,367	0	0	69.01	
70.00	ELECTROENCEPHALOGRAPHY		381,943	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,480,376	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		4,180,724	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		9,002,065	0	0	73.00	
73.01	ULTRA SOUND		699,437	0	0	73.01	
74.00	RENAL DIALYSIS		104,227	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		6,931,693	0	0	90.00	
91.00	EMERGENCY		7,432,300	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		3,391,968	0	0	92.00	
200.00	Subtotal (see instructions)	0	125,695,242	0	0	200.00	
201.00	Less Observation Beds		3,391,968			201.00	
202.00	Total (see instructions)	0	122,303,274	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/28/2012 8:48 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,477,376		20,477,376			30.00
31.00 INTENSIVE CARE UNIT	6,066,399		6,066,399			31.00
43.00 NURSERY	4,358,954		4,358,954			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,135,815	12,344,517	22,480,332	0.353914	0.000000	50.00
50.01 ENDOSCOPY	466,263	6,554,713	7,020,976	0.266400	0.000000	50.01
51.00 RECOVERY ROOM	1,562,216	3,063,088	4,625,304	0.465462	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	6,610,274	585,840	7,196,114	0.258265	0.000000	52.00
53.00 ANESTHESIOLOGY	2,241,433	5,728,400	7,969,833	0.168097	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,707,791	46,293,593	56,001,384	0.178589	0.000000	54.00
54.01 RADIATION-ONCOLOGY	190,330	28,434,878	28,625,208	0.335293	0.000000	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	323,119	2,007,790	2,330,909	0.225065	0.000000	56.00
59.00 CARDIAC CATHETERIZATION	2,733,741	4,717,421	7,451,162	0.194092	0.000000	59.00
60.00 LABORATORY	16,879,376	49,610,559	66,489,935	0.134997	0.000000	60.00
64.00 INTRAVENOUS THERAPY	1,480,599	2,996,392	4,476,991	0.311736	0.000000	64.00
65.00 RESPIRATORY THERAPY	4,690,956	3,842,797	8,533,753	0.404714	0.000000	65.00
66.00 PHYSICAL THERAPY	1,888,246	10,549,084	12,437,330	0.466239	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	623,534	904,157	1,527,691	0.354191	0.000000	67.00
68.00 SPEECH PATHOLOGY	90,062	225,903	315,965	1.194879	0.000000	68.00
69.00 ELECTROCARDIOLOGY	2,334,904	4,054,783	6,389,687	0.223888	0.000000	69.00
69.01 CARDIAC REHAB	38,206	855,626	893,832	0.877533	0.000000	69.01
70.00 ELECTROENCEPHALOGRAPHY	137,396	338,412	475,808	0.802725	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,332,886	3,170,776	7,503,662	0.330555	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	5,327,804	2,289,178	7,616,982	0.548869	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,369,014	9,673,326	20,042,340	0.449152	0.000000	73.00
73.01 ULTRA SOUND	1,545,550	5,384,610	6,930,160	0.100927	0.000000	73.01
74.00 RENAL DIALYSIS	194,549	0	194,549	0.535736	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	79,323	20,225,453	20,304,776	0.341382	0.000000	90.00
91.00 EMERGENCY	4,187,572	16,007,273	20,194,845	0.368030	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,407,333	2,407,333	1.409015	0.000000	92.00
200.00 Subtotal (see instructions)	119,073,688	242,265,902	361,339,590			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	119,073,688	242,265,902	361,339,590			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150005

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
50.01	ENDOSCOPY	0.000000			50.01
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	RADIATION-ONCOLOGY	0.000000			54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
69.01	CARDIAC REHAB	0.000000			69.01
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	ULTRA SOUND	0.000000			73.01
74.00	RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
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: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/28/2012 8:48 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,987,851	0	3,987,851	20,243	197.00	30.00
31.00	INTENSIVE CARE UNIT	531,462		531,462	2,430	218.71	31.00
43.00	NURSERY	171,304		171,304	2,802	61.14	43.00
200.00	Total (lines 30-199)	4,690,617		4,690,617	25,475		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	8,240	1,623,280		30.00
31.00 INTENSIVE CARE UNIT	1,323	289,353		31.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	9,563	1,912,633		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 8:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,297,313	22,480,332	0.057709	4,580,516	264,337	50.00
50.01	ENDOSCOPY	240,826	7,020,976	0.034301	137,343	4,711	50.01
51.00	RECOVERY ROOM	704,042	4,625,304	0.152215	668,220	101,713	51.00
52.00	DELIVERY ROOM & LABOR ROOM	273,777	7,196,114	0.038045	17,436	663	52.00
53.00	ANESTHESIOLOGY	12,135	7,969,833	0.001523	893,254	1,360	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,360,356	56,001,384	0.024291	5,558,744	135,027	54.00
54.01	RADIATION-ONCOLOGY	505,191	28,625,208	0.017648	57,679	1,018	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	26,963	2,330,909	0.011568	288,027	3,332	56.00
59.00	CARDIAC CATHETERIZATION	381,224	7,451,162	0.051163	1,506,151	77,059	59.00
60.00	LABORATORY	577,108	66,489,935	0.008680	9,465,445	82,160	60.00
64.00	INTRAVENOUS THERAPY	71,903	4,476,991	0.016061	540,935	8,688	64.00
65.00	RESPIRATORY THERAPY	329,880	8,533,753	0.038656	2,214,632	85,609	65.00
66.00	PHYSICAL THERAPY	692,338	12,437,330	0.055666	1,157,091	64,411	66.00
67.00	OCCUPATIONAL THERAPY	48,015	1,527,691	0.031430	397,963	12,508	67.00
68.00	SPEECH PATHOLOGY	44,691	315,965	0.141443	70,303	9,944	68.00
69.00	ELECTROCARDIOLOGY	206,966	6,389,687	0.032391	1,576,698	51,071	69.00
69.01	CARDIAC REHAB	135,096	893,832	0.151142	12,281	1,856	69.01
70.00	ELECTROENCEPHALOGRAPHY	115,700	475,808	0.243165	77,947	18,954	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	553,536	7,503,662	0.073769	2,078,239	153,310	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	36,961	7,616,982	0.004852	2,450,642	11,891	72.00
73.00	DRUGS CHARGED TO PATIENTS	167,651	20,042,340	0.008365	5,005,071	41,867	73.00
73.01	ULTRA SOUND	30,325	6,930,160	0.004376	538,118	2,355	73.01
74.00	RENAL DIALYSIS	1,411	194,549	0.007253	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	733,067	20,304,776	0.036103	14,571	526	90.00
91.00	EMERGENCY	1,124,108	20,194,845	0.055663	2,344,263	130,489	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	520,277	2,407,333	0.216122	0	0	92.00
200.00	Total (Lines 50-199)	10,190,860	330,436,861		41,651,569	1,264,859	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,243	0.00	8,240	0	30.00	
31.00	INTENSIVE CARE UNIT	2,430	0.00	1,323	0	31.00	
43.00	NURSERY	2,802	0.00	0	0	43.00	
200.00	Total (lines 30-199)	25,475		9,563	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
50.01	ENDOSCOPY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
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	ULTRA SOUND	0	0	0	0	0	73.01
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 8:48 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	22,480,332	0.000000	0.000000	4,580,516	50.00
50.01 ENDOSCOPY	0	7,020,976	0.000000	0.000000	137,343	50.01
51.00 RECOVERY ROOM	0	4,625,304	0.000000	0.000000	668,220	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	7,196,114	0.000000	0.000000	17,436	52.00
53.00 ANESTHESIOLOGY	0	7,969,833	0.000000	0.000000	893,254	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	56,001,384	0.000000	0.000000	5,558,744	54.00
54.01 RADIATION-ONCOLOGY	0	28,625,208	0.000000	0.000000	57,679	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,330,909	0.000000	0.000000	288,027	56.00
59.00 CARDIAC CATHETERIZATION	0	7,451,162	0.000000	0.000000	1,506,151	59.00
60.00 LABORATORY	0	66,489,935	0.000000	0.000000	9,465,445	60.00
64.00 INTRAVENOUS THERAPY	0	4,476,991	0.000000	0.000000	540,935	64.00
65.00 RESPIRATORY THERAPY	0	8,533,753	0.000000	0.000000	2,214,632	65.00
66.00 PHYSICAL THERAPY	0	12,437,330	0.000000	0.000000	1,157,091	66.00
67.00 OCCUPATIONAL THERAPY	0	1,527,691	0.000000	0.000000	397,963	67.00
68.00 SPEECH PATHOLOGY	0	315,965	0.000000	0.000000	70,303	68.00
69.00 ELECTROCARDIOLOGY	0	6,389,687	0.000000	0.000000	1,576,698	69.00
69.01 CARDIAC REHAB	0	893,832	0.000000	0.000000	12,281	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	475,808	0.000000	0.000000	77,947	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,503,662	0.000000	0.000000	2,078,239	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	7,616,982	0.000000	0.000000	2,450,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	20,042,340	0.000000	0.000000	5,005,071	73.00
73.01 ULTRA SOUND	0	6,930,160	0.000000	0.000000	538,118	73.01
74.00 RENAL DIALYSIS	0	194,549	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	20,304,776	0.000000	0.000000	14,571	90.00
91.00 EMERGENCY	0	20,194,845	0.000000	0.000000	2,344,263	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,407,333	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	0	330,436,861			41,651,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	9,992,115	0	50.00
50.01	ENDOSCOPY	0	204,581	0	50.01
51.00	RECOVERY ROOM	0	233,499	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	209,689	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,266,354	0	54.00
54.01	RADIATION-ONCOLOGY	0	10,500,223	0	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0	666,466	0	56.00
59.00	CARDIAC CATHETERIZATION	0	1,132,537	0	59.00
60.00	LABORATORY	0	886,380	0	60.00
64.00	INTRAVENOUS THERAPY	0	1,091,913	0	64.00
65.00	RESPIRATORY THERAPY	0	273,820	0	65.00
66.00	PHYSICAL THERAPY	0	165,102	0	66.00
67.00	OCCUPATIONAL THERAPY	0	5,163	0	67.00
68.00	SPEECH PATHOLOGY	0	12,039	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,082,432	0	69.00
69.01	CARDIAC REHAB	0	362,720	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	337,673	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	259,040	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	702,723	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,393,450	0	73.00
73.01	ULTRA SOUND	0	1,097,836	0	73.01
74.00	RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	668,540	0	90.00
91.00	EMERGENCY	0	2,525,676	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	581,802	0	92.00
200.00	Total (Lines 50-199)	0	46,651,773	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.353914	9,992,115	155	0	50.00
50.01	ENDOSCOPY	0.266400	204,581	63	0	50.01
51.00	RECOVERY ROOM	0.465462	233,499	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.258265	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.168097	209,689	29	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178589	10,266,354	9	0	54.00
54.01	RADIATION-ONCOLOGY	0.335293	10,500,223	-2,316	8,593	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.225065	666,466	0	0	56.00
59.00	CARDIAC CATHETERIZATION	0.194092	1,132,537	0	0	59.00
60.00	LABORATORY	0.134997	886,380	-17	0	60.00
64.00	INTRAVENOUS THERAPY	0.311736	1,091,913	-819	0	64.00
65.00	RESPIRATORY THERAPY	0.404714	273,820	4	0	65.00
66.00	PHYSICAL THERAPY	0.466239	165,102	6	0	66.00
67.00	OCCUPATIONAL THERAPY	0.354191	5,163	2	0	67.00
68.00	SPEECH PATHOLOGY	1.194879	12,039	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.223888	1,082,432	8	0	69.00
69.01	CARDIAC REHAB	0.877533	362,720	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.802725	337,673	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330555	259,040	605	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.548869	702,723	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.449152	3,393,450	-1,350	5,010	73.00
73.01	ULTRA SOUND	0.100927	1,097,836	3	0	73.01
74.00	RENAL DIALYSIS	0.535736	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.341382	668,540	198	0	90.00
91.00	EMERGENCY	0.368030	2,525,676	14	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.409015	581,802	300	0	92.00
200.00	Subtotal (see instructions)		46,651,773	-3,106	13,603	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		46,651,773	-3,106	13,603	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/28/2012 8:48 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,536,349	55	0		50.00
50.01 ENDOSCOPY	54,500	17	0		50.01
51.00 RECOVERY ROOM	108,685	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	35,248	5	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,833,458	2	0		54.00
54.01 RADIATION-ONCOLOGY	3,520,651	-777	2,881		54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	149,998	0	0		56.00
59.00 CARDIAC CATHETERIZATION	219,816	0	0		59.00
60.00 LABORATORY	119,659	-2	0		60.00
64.00 INTRAVENOUS THERAPY	340,389	-255	0		64.00
65.00 RESPIRATORY THERAPY	110,819	2	0		65.00
66.00 PHYSICAL THERAPY	76,977	3	0		66.00
67.00 OCCUPATIONAL THERAPY	1,829	1	0		67.00
68.00 SPEECH PATHOLOGY	14,385	0	0		68.00
69.00 ELECTROCARDIOLOGY	242,344	2	0		69.00
69.01 CARDIAC REHAB	318,299	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	271,059	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	85,627	200	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	385,703	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,524,175	-606	2,250		73.00
73.01 ULTRA SOUND	110,801	0	0		73.01
74.00 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	228,228	68	0		90.00
91.00 EMERGENCY	929,525	5	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	819,768	423	0		92.00
200.00 Subtotal (see instructions)	15,038,292	-857	5,131		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	15,038,292	-857	5,131		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/28/2012 8:48 pm
		Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,297,313	22,480,332	0.057709	0	0	50.00
50.01 ENDOSCOPY	240,826	7,020,976	0.034301	0	0	50.01
51.00 RECOVERY ROOM	704,042	4,625,304	0.152215	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	273,777	7,196,114	0.038045	0	0	52.00
53.00 ANESTHESIOLOGY	12,135	7,969,833	0.001523	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,360,356	56,001,384	0.024291	0	0	54.00
54.01 RADIATION-ONCOLOGY	505,191	28,625,208	0.017648	0	0	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	26,963	2,330,909	0.011568	0	0	56.00
59.00 CARDIAC CATHETERIZATION	381,224	7,451,162	0.051163	0	0	59.00
60.00 LABORATORY	577,108	66,489,935	0.008680	0	0	60.00
64.00 INTRAVENOUS THERAPY	71,903	4,476,991	0.016061	0	0	64.00
65.00 RESPIRATORY THERAPY	329,880	8,533,753	0.038656	0	0	65.00
66.00 PHYSICAL THERAPY	692,338	12,437,330	0.055666	0	0	66.00
67.00 OCCUPATIONAL THERAPY	48,015	1,527,691	0.031430	0	0	67.00
68.00 SPEECH PATHOLOGY	44,691	315,965	0.141443	0	0	68.00
69.00 ELECTROCARDIOLOGY	206,966	6,389,687	0.032391	0	0	69.00
69.01 CARDIAC REHAB	135,096	893,832	0.151142	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	115,700	475,808	0.243165	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	553,536	7,503,662	0.073769	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	36,961	7,616,982	0.004852	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	167,651	20,042,340	0.008365	0	0	73.00
73.01 ULTRA SOUND	30,325	6,930,160	0.004376	0	0	73.01
74.00 RENAL DIALYSIS	1,411	194,549	0.007253	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	733,067	20,304,776	0.036103	0	0	90.00
91.00 EMERGENCY	1,124,108	20,194,845	0.055663	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	520,277	2,407,333	0.216122	0	0	92.00
200.00 Total (lines 50-199)	10,190,860	330,436,861		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 8:48 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 RADIATION-ONCOLOGY	0	0	0	0	0	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
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 ULTRA SOUND	0	0	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/28/2012 8:48 pm
	Component CCN:	Title XVIII	Subprovider - IPF

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	22,480,332	0.000000	0.000000	0	50.00
50.01 ENDOSCOPY	0	7,020,976	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	4,625,304	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	7,196,114	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	7,969,833	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	56,001,384	0.000000	0.000000	0	54.00
54.01 RADIATION-ONCOLOGY	0	28,625,208	0.000000	0.000000	0	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,330,909	0.000000	0.000000	0	56.00
59.00 CARDIAC CATHETERIZATION	0	7,451,162	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	66,489,935	0.000000	0.000000	0	60.00
64.00 INTRAVENOUS THERAPY	0	4,476,991	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	8,533,753	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	12,437,330	0.000000	0.000000	0	66.00
67.00 OCCUPATIONAL THERAPY	0	1,527,691	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	315,965	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	6,389,687	0.000000	0.000000	0	69.00
69.01 CARDIAC REHAB	0	893,832	0.000000	0.000000	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	475,808	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,503,662	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	7,616,982	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	20,042,340	0.000000	0.000000	0	73.00
73.01 ULTRA SOUND	0	6,930,160	0.000000	0.000000	0	73.01
74.00 RENAL DIALYSIS	0	194,549	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	20,304,776	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	20,194,845	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,407,333	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	330,436,861			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150005

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2012 8:48 pm

Component CCN:

Title XVIII

Subprovider -
IPF

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 ENDOSCOPY	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 RADIATION-ONCOLOGY	0	0	0	54.01
56.00 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	69.01
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 ULTRA SOUND	0	0	0	73.01
74.00 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2012 8:48 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,243	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,243	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)		20,243	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,240	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		25,999,003	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)		25,999,003	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,836,330	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,836,330	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.046813	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)		1,226.91	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)		25,999,003	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,284.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,583,044	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)		10,583,044	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/28/2012 8:48 pm				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00		
42.00	Intensive Care Type Inpatient Hospital Units			0	0	0.00	0	42.00	
43.00	INTENSIVE CARE UNIT			4,638,057	2,430	1,908.67	1,323	2,525,170	43.00
44.00	CORONARY CARE UNIT								44.00
45.00	BURN INTENSIVE CARE UNIT								45.00
46.00	SURGICAL INTENSIVE CARE UNIT								46.00
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00
Cost Center Description							1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							12,237,272	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							25,345,486	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)							1,912,633	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							1,264,859	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							3,177,492	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							22,167,994	53.00
TARGET AMOUNT AND LIMIT COMPUTATION									
54.00	Program discharges							0	54.00
55.00	Target amount per discharge							0.00	55.00
56.00	Target amount (line 54 x line 55)							0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0	57.00
58.00	Bonus payment (see instructions)							0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0	61.00
62.00	Relief payment (see instructions)							0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST									
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY									
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)								70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00	Program routine service cost (line 9 x line 71)								72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00	Program capital-related costs (line 9 x line 76)								77.00
78.00	Inpatient routine service cost (line 74 minus line 77)								78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00	Inpatient routine service cost per diem limitation								81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00	Reasonable inpatient routine service costs (see instructions)								83.00
84.00	Program inpatient ancillary services (see instructions)								84.00
85.00	Utilization review - physician compensation (see instructions)								85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
87.00	Total observation bed days (see instructions)							2,641	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,284.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							3,391,968	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,987,851	25,999,003	0.153385	3,391,968	520,277	90.00
91.00	Nursing School cost	0	25,999,003	0.000000	3,391,968	0	91.00
92.00	Allied health cost	0	25,999,003	0.000000	3,391,968	0	92.00
93.00	All other Medical Education	0	25,999,003	0.000000	3,391,968	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVIII	Subprovider - IPF	
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			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)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			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
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
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
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			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: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 5/28/2012 8:48 pm	
		Title XVIII		Subprovider - IPF			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0		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: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN:				Date/Time Prepared: 5/28/2012 8:48 pm	
		Title XVIII		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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2012 8:48 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,243	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,243	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)		20,243	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,090	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)		2,802	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		25,999,003	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)		25,999,003	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		24,836,330	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		24,836,330	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.046813	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)		1,226.91	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)		25,999,003	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,284.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,399,942	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)		1,399,942	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/28/2012 8:48 pm			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XIX			1.00	2.00	3.00	4.00	5.00	
Hospital			948,341	2,802	338.45	0	0	
Cost								
42.00	NURSERY (title V & XIX only)		948,341	2,802	338.45	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		4,638,057	2,430	1,908.67	121	230,949	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,185,008	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,815,899	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)						2,641	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,284.35	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						3,391,968	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150005		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		7,149,216		30.00
31.00	INTENSIVE CARE UNIT		3,370,113		31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.353914	4,580,516	1,621,109	50.00
50.01	ENDOSCOPY	0.266400	137,343	36,588	50.01
51.00	RECOVERY ROOM	0.465462	668,220	311,031	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.258265	17,436	4,503	52.00
53.00	ANESTHESIOLOGY	0.168097	893,254	150,153	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178589	5,558,744	992,731	54.00
54.01	RADIATION-ONCOLOGY	0.335293	57,679	19,339	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.225065	288,027	64,825	56.00
59.00	CARDIAC CATHETERIZATION	0.194092	1,506,151	292,332	59.00
60.00	LABORATORY	0.134997	9,465,445	1,277,807	60.00
64.00	INTRAVENOUS THERAPY	0.311736	540,935	168,629	64.00
65.00	RESPIRATORY THERAPY	0.404714	2,214,632	896,293	65.00
66.00	PHYSICAL THERAPY	0.466239	1,157,091	539,481	66.00
67.00	OCCUPATIONAL THERAPY	0.354191	397,963	140,955	67.00
68.00	SPEECH PATHOLOGY	1.194879	70,303	84,004	68.00
69.00	ELECTROCARDIOLOGY	0.225049	1,576,698	354,834	69.00
69.01	CARDIAC REHAB	0.877533	12,281	10,777	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.802725	77,947	62,570	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330555	2,078,239	686,972	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.548869	2,450,642	1,345,081	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.449152	5,005,071	2,248,038	73.00
73.01	ULTRA SOUND	0.100927	538,118	54,311	73.01
74.00	RENAL DIALYSIS	0.535736	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.341382	14,571	4,974	90.00
91.00	EMERGENCY	0.371091	2,344,263	869,935	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.409015	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		41,651,569	12,237,272	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)		41,651,569		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/28/2012 8:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,219,002		30.00
31.00	INTENSIVE CARE UNIT		149,503		31.00
43.00	NURSERY		133,350		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.353914	342,079	121,067	50.00
50.01	ENDOSCOPY	0.266400	6,942	1,849	50.01
51.00	RECOVERY ROOM	0.465462	47,764	22,232	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.258265	1,512,897	390,728	52.00
53.00	ANESTHESIOLOGY	0.168097	87,742	14,749	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178589	286,560	51,176	54.00
54.01	RADIATION-ONCOLOGY	0.335293	8,836	2,963	54.01
56.00	NUCLEAR MEDICINE - DIAGNOSTIC	0.225065	6,751	1,519	56.00
59.00	CARDIAC CATHETERIZATION	0.194092	0	0	59.00
60.00	LABORATORY	0.134997	596,933	80,584	60.00
64.00	INTRAVENOUS THERAPY	0.311736	85,725	26,724	64.00
65.00	RESPIRATORY THERAPY	0.404714	118,843	48,097	65.00
66.00	PHYSICAL THERAPY	0.466239	31,609	14,737	66.00
67.00	OCCUPATIONAL THERAPY	0.354191	11,671	4,134	67.00
68.00	SPEECH PATHOLOGY	1.194879	1,798	2,148	68.00
69.00	ELECTROCARDIOLOGY	0.223888	75,197	16,836	69.00
69.01	CARDIAC REHAB	0.877533	1,261	1,107	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.802725	6,111	4,905	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330555	349,453	115,513	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.548869	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.449152	458,925	206,127	73.00
73.01	ULTRA SOUND	0.100927	56,107	5,663	73.01
74.00	RENAL DIALYSIS	0.535736	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.341382	130	44	90.00
91.00	EMERGENCY	0.368030	141,581	52,106	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.409015	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,234,915	1,185,008	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)		4,234,915		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 8:48 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		14,924,508	1.00
2.00	Outlier payments for discharges. (see instructions)		1,028,645	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		116.76	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.49	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.82	31.00
32.00	Sum of lines 30 and 31		17.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.00	33.00
34.00	Disproportionate share adjustment (see instructions)		596,980	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		16,550,133	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)		16,550,133	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,400,182	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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			17,950,315 59.00
60.00	Primary payer payments			3,460 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,946,855 61.00
62.00	Deductibles billed to program beneficiaries			1,920,396 62.00
63.00	Coinsurance billed to program beneficiaries			18,953 63.00
64.00	Allowable bad debts (see instructions)			220,760 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			154,532 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			203,062 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,162,038 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)			16,162,038 71.00
72.00	Interim payments			16,056,007 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)			106,031 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			100,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,274	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,038,292	2.00
3.00	PPS payments		11,233,493	3.00
4.00	Outlier payment (see instructions)		71,351	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.850	5.00
6.00	Line 2 times line 5		12,782,548	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		88.44	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)		4,274	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,497	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)		10,497	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		10,497	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,223	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)		4,274	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)		11,304,844	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		168	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,794,062	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)		8,514,888	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)		8,514,888	30.00
31.00	Primary payer payments		7,331	31.00
32.00	Subtotal (line 30 minus line 31)		8,507,557	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		235,147	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		164,603	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		193,967	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,672,160	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-651	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)		8,672,811	40.00
41.00	Interim payments		8,616,601	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)		56,210	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150005

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2012 8:48 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		15,839,300		8,505,232	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/21/2011	109,284	09/21/2011	10,712	3.01
3.02		12/31/2011	107,423	12/31/2011	100,657	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		216,707		111,369	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)		16,056,007		8,616,601	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	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		106,031		56,210	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,162,038		8,672,811	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/28/2012 8:48 pm
		Component CCN:	Title XVII I	Subprovider - IPF
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		0.000000	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		0	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		0	31.00
32.00	Interim payments		0	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 8:48 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,815,899	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)		2,815,899	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)		2,815,899	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,501,855	8.00
9.00	Ancillary service charges		4,234,915	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)		5,736,770	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		5,736,770	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,920,871	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)		2,815,899	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,815,899	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,815,899	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)		2,815,899	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,815,899	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)		2,815,899	40.00
41.00	Interim payments		1,428,991	41.00
42.00	Balance due provider/program (line 40 minus 41)		1,386,908	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: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2012 8:48 pm
		Component CCN:	Title XIX	Subprovider - IPF
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	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)		0	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150005

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

Worksheet G
Date/Time Prepared:
5/28/2012 8:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,464,706	0	0	0	1.00
2.00	Temporary investments	6,226,890	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,411,042	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	522,876	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,878,407	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)	40,503,921	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,876,853	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	309,097,264	0	0	0	15.00
16.00	Accumulated depreciation	-118,287,074	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)	207,687,043	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	94,125,780	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	3,962,418	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	98,088,198	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	346,279,162	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,616,612	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,385,753	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,145,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,828,010	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,975,375	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	118,585,941	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	118,585,941	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	139,561,316	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	206,717,846				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)	206,717,846	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	346,279,162	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150005

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 8:48 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		195,942,324		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,775,522			2.00
3.00	Total (sum of line 1 and line 2)		206,717,846		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		206,717,846		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)		206,717,846		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150005

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

Worksheet G-1

Date/Time Prepared:
5/28/2012 8:48 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150005

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

Worksheet G-2 Parts
Date/Time Prepared:
5/28/2012 8:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,836,330		24,836,330	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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)	24,836,330		24,836,330	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,066,399		6,066,399	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,066,399		6,066,399	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,902,729		30,902,729	17.00
18.00	Ancillary services	83,906,064	201,458,815	285,364,879	18.00
19.00	Outpatient services	4,266,896	38,640,059	42,906,955	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	1,251,639	43,899,831	45,151,470	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	120,327,328	283,998,705	404,326,033	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		175,760,810		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	PROGRESSION OF NET ASSETS	48,110			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)		48,110		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		175,712,700		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150005

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

Worksheet G-3

Date/Time Prepared:
5/28/2012 8:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	404,326,033	1.00
2.00	Less contractual allowances and discounts on patients' accounts	222,449,606	2.00
3.00	Net patient revenues (line 1 minus line 2)	181,876,427	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	175,712,700	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,163,727	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,219,722	24.00
24.01	INVESTMENT INCOME	2,225,173	24.01
25.00	Total other income (sum of lines 6-24)	6,444,895	25.00
26.00	Total (line 5 plus line 25)	12,608,622	26.00
27.00	SPECIAL ITEM - CONTRIBUTION	1,833,100	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,833,100	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,775,522	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150005	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/28/2012 8:48 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,207,767	1.00
2.00	Capital DRG outlier payments		149,298	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		54.88	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)		2.49	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.82	8.00
9.00	Sum of lines 7 and 8		17.31	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.57	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		43,117	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,400,182	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00