

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: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 3/28/2013 4:42 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: 2/26/2013 Time: 12:38 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: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification 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 MEMORIAL HOSPITAL OF SOUTH BEND, INC (150058) for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, and that the 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	612,355	565,768	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	12,136	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	624,491	565,768	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 3/28/2013 4:42 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 615 N MICHIGAN ST			PO Box:				1.00			
2.00	City: SOUTH BEND			State: IN		Zip Code: 46601		County: ST. JOSEPH			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		MEMORIAL HOSPITAL OF SOUTH BEND, INC	150058	43780	1	01/01/1984	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHABILITATION UNIT	15T058	43780	5	01/01/1984	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										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) I										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	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			9,408	3,237	1,228	461	11,278	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			290	74	0	11	17	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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "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	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? 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.	Y				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.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	Y	25.53	25.53		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 in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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	65.00

			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 Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	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	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	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 reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			3.00	
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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) 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 and applicable amendments? (see instructions) 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.		N		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
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	H0010A	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: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVT SVCS		Contractor's Number: H0010A	
142.00	Street: 615 N MICHIGAN ST	PO Box:			
143.00	City: SOUTH BEND	State: 18		Zip Code: 46601	
				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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

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							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 3/28/2013 4:42 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)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			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.	Y			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
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		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	04/30/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part II Date/Time Prepared: 3/28/2013 4:42 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
							1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		33.00	
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y		34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00	
							1.00
							2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			Y		36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00	
							1.00
							2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.					41.00	
42.00	Enter the employer/company name of the cost report preparer.					42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.					43.00	

		Part B	
		Date	
		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)		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)	04/30/2012	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
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	414	151,110	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		414	151,110	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	37	13,505	0.00	0	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				0	13.00
14.00 Total (see instructions)		451	164,615	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	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)		473				27.00
28.00 Observation Bed Days					0	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: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	28,299	7,613	72,451			1.00
2.00 HMO	7,382	16,750				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,299	7,613	72,451			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	2,016	0	6,818			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		864	13,908			13.00
14.00 Total (see instructions)	30,315	8,477	93,177	23.50	2,032.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,973	392	3,966	0.00	20.45	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)				23.50	2,052.68	27.00
28.00 Observation Bed Days		0	4,006			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,127			30.00
31.00 Employee discount days - IRF			68			31.00
32.00 Labor & delivery days (see instructions)		458	837			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150058

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

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	6,134	5,355	18,989	1.00
2.00 HMO			1,557			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						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)	64.19	0	6,134	5,355	18,989	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	190	23	350	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)	64.19					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: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 3/28/2013 4:42 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	117,969,054	0	117,969,054	4,403,091.00	26.79	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		1,480,922	0	1,480,922	18,720.00	79.11	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,253,466	0	4,253,466	133,515.00	31.86	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,606,482	0	1,606,482	44,792.00	35.87	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,269,380	0	1,269,380	6,653.00	190.80	13.00
14.00	Home office salaries & wage-related costs		13,584,303	0	13,584,303	275,969.00	49.22	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		29,746,263	0	29,746,263			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		1,299,803	0	1,299,803			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		253,409	0	253,409			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		293,720	0	293,720			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	909,159	0	909,159	23,676.00	38.40	26.00
27.00	Administrative & General	5.00	6,525,234	0	6,525,234	262,449.00	24.86	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	445,278	0	445,278	14,860.00	29.96	29.00
30.00	Operation of Plant	7.00	1,375,680	0	1,375,680	58,020.00	23.71	30.00
31.00	Laundry & Linen Service	8.00	36,234	0	36,234	2,917.00	12.42	31.00
32.00	Housekeeping	9.00	3,519,821	0	3,519,821	208,982.00	16.84	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,924,297	-932,090	1,992,207	118,199.00	16.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	932,090	932,090	63,645.00	14.65	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,125,739	0	1,125,739	38,253.00	29.43	38.00
39.00	Central Services and Supply	14.00	1,962,192	0	1,962,192	102,277.00	19.19	39.00
40.00	Pharmacy	15.00	4,364,139	0	4,364,139	108,948.00	40.06	40.00
41.00	Medical Records & Medical Records Library	16.00	1,885,294	0	1,885,294	93,515.00	20.16	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150058

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

Worksheet S-3
Part II
Date/Time Prepared:
3/28/2013 4:42 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	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,911,471	0	1,911,471	56,147.00	34.04	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150058

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

Worksheet S-3
Part III
Date/Time Prepared:
3/28/2013 4:42 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	116,488,132	0	116,488,132	4,384,371.00	26.57	1.00
2.00	Excluded area salaries (see instructions)	4,253,466	0	4,253,466	133,515.00	31.86	2.00
3.00	Subtotal salaries (line 1 minus line 2)	112,234,666	0	112,234,666	4,250,856.00	26.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,460,165	0	16,460,165	327,414.00	50.27	4.00
5.00	Subtotal wage-related costs (see inst.)	29,999,672	0	29,999,672	0.00	26.73	5.00
6.00	Total (sum of lines 3 thru 5)	158,694,503	0	158,694,503	4,578,270.00	34.66	6.00
7.00	Total overhead cost (see instructions)	26,984,538	0	26,984,538	1,151,888.00	23.43	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 3/28/2013 4:42 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		3,317,208	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,325,841	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		14,822,579	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		113,265	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		498,059	14.00
15.00	'Workers' Compensation Insurance		648,749	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		8,396,730	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		407,617	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		28,871	21.00
22.00	Day Care Cost and Allowances		4,723	22.00
23.00	Tuition Reimbursement		206,180	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,769,822	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		1,823,372	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10	Date/Time Prepared: 3/28/2013 4:42 pm
					1.00
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.279586	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			25,626,261	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			158,448,259	6.00
7.00	Medicaid cost (line 1 times line 6)			44,299,915	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)			18,673,654	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			44,322	9.00
10.00	Stand-alone SCHIP charges			130,324	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			36,437	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)			98,223	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			149,402	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			41,771	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)			18,673,654	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,443,403	26,640,322	45,083,725	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,156,517	7,448,261	12,604,778	21.00
22.00	Partial payment by patients approved for charity care	213,759	7,165,243	7,379,002	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,942,758	283,018	5,225,776	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			54,829,600	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,259,837	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			53,569,763	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			14,977,356	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			20,203,132	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			38,876,786	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150058

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

Worksheet A
Date/Time Prepared:
3/28/2013 4:42 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	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	10,261,525	10,261,525	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	20,036,635	20,036,635	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	909,159	1,096,847	2,006,006	23,144,794	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,525,234	109,712,390	116,237,624	86,565,617	5.00
6.00	00600	MAINTENANCE & REPAIRS	445,278	3,205,234	3,650,512	3,581,484	6.00
7.00	00700	OPERATION OF PLANT	1,375,680	4,681,536	6,057,216	5,735,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,234	1,721,621	1,757,855	1,756,220	8.00
9.00	00900	HOUSEKEEPING	3,519,821	2,509,825	6,029,646	5,272,568	9.00
10.00	01000	DIETARY	2,924,297	2,156,543	5,080,840	2,934,913	10.00
11.00	01100	CAFETERIA	0	0	0	1,614,897	11.00
13.00	01300	NURSING ADMINISTRATION	1,125,739	564,365	1,690,104	1,358,087	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,962,192	3,788,960	5,751,152	4,457,774	14.00
15.00	01500	PHARMACY	4,364,139	15,260,783	19,624,922	7,477,397	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,885,294	1,054,463	2,939,757	2,472,618	16.00
17.00	01700	SOCIAL SERVICE	1,911,471	577,103	2,488,574	2,212,292	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,617,435	1,751,776	5,369,211	4,765,281	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	71,697	47,495	119,192	30,535	23.00
23.01	02301	PARAMED ED	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,284,305	9,888,328	37,172,633	32,627,739	30.00
32.00	03200	CORONARY CARE UNIT	4,761,485	2,014,258	6,775,743	5,947,439	32.00
41.00	04100	SUBPROVIDER - IRF	1,266,520	343,526	1,610,046	1,485,281	41.00
43.00	04300	NURSERY	6,000,738	2,211,531	8,212,269	7,231,551	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,856,894	37,887,896	49,744,790	47,563,960	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,201,881	1,770,877	5,972,758	5,265,550	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,078,799	7,931,157	15,009,956	12,850,988	54.00
57.00	05700	CT SCAN	1,111,295	850,984	1,962,279	1,962,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	264	417,986	418,250	418,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,247,881	8,936,014	10,183,895	10,183,895	59.00
60.00	06000	LABORATORY	2,478,310	11,760,609	14,238,919	13,684,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,308,369	1,173,201	3,481,570	3,052,865	65.00
66.00	06600	PHYSICAL THERAPY	2,241,902	1,014,625	3,256,527	2,691,013	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	745,398	220,875	966,273	859,277	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	314,487	74,370	388,857	342,752	66.10
67.00	06700	OCCUPATIONAL THERAPY	946,830	256,518	1,203,348	1,031,846	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	162,789	33,592	196,381	180,219	67.10
68.00	06800	SPEECH PATHOLOGY	565,757	160,047	725,804	626,340	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	157,642	43,326	200,968	171,898	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	118,411	25,373	143,784	143,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	361,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,422,331	73.00
76.00	03020	CARDIOLOGY	835,144	384,853	1,219,997	871,343	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	149,625	59,283	208,908	167,522	90.00
90.10	09001	FAMILY PRACTICE CLINIC	174,666	320,985	495,651	446,455	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	568,073	221,789	789,862	670,501	90.30
90.50	09004	SLEEP DISORDERS CLINIC	499,613	398,358	897,971	648,437	90.50
91.00	09100	EMERGENCY	7,303,057	14,547,379	21,850,436	20,648,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	115,053,805	251,076,681	366,130,486	367,235,439	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
193.00	19300	NONPAID WORKERS	232,179	339,436	571,615	496,988	193.00
193.10	19301	HEALTH PROPERTIES	985,914	2,141,655	3,127,569	2,940,769	193.10
193.40	19303	LEIGHTON CENTER	0	0	0	0	193.40
193.50	19305	WELLNESS CENTER	841,803	1,122,210	1,964,013	1,315,812	193.50
193.80	19308	UNUSED SPACE	0	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	575,989	181,260	757,249	660,978	193.91
193.92	19311	CCOP	178,932	57,643	236,575	193,166	193.92
193.93	19312	RESEARCH ADMIN	100,432	126,466	226,898	171,253	193.93
200.00		TOTAL (SUM OF LINES 118-199)	117,969,054	255,045,351	373,014,405	373,014,405	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150058

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

Worksheet A
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,816,936	8,444,589	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	435,523	20,472,158	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-9,288,179	13,856,615	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-49,681,175	36,884,442	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	3,581,484	6.00
7.00	00700	OPERATION OF PLANT	0	5,735,093	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-645	1,755,575	8.00
9.00	00900	HOUSEKEEPING	0	5,272,568	9.00
10.00	01000	DIETARY	-174,660	2,760,253	10.00
11.00	01100	CAFETERIA	-1,175,922	438,975	11.00
13.00	01300	NURSING ADMINISTRATION	-600	1,357,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-79,200	4,378,574	14.00
15.00	01500	PHARMACY	-27,616	7,449,781	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,478	2,467,140	16.00
17.00	01700	SOCIAL SERVICE	0	2,212,292	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,765,281	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-3,940	26,595	23.00
23.01	02301	PARAMED ED	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-601,349	32,026,390	30.00
32.00	03200	CORONARY CARE UNIT	0	5,947,439	32.00
41.00	04100	SUBPROVIDER - IRF	0	1,485,281	41.00
43.00	04300	NURSERY	-1,405	7,230,146	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-395,134	47,168,826	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-27,193	5,238,357	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-122,230	12,728,758	54.00
57.00	05700	CT SCAN	0	1,962,279	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	418,250	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,183,895	59.00
60.00	06000	LABORATORY	0	13,684,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,052,865	65.00
66.00	06600	PHYSICAL THERAPY	-203,998	2,487,015	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	859,277	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	-10,185	332,567	66.10
67.00	06700	OCCUPATIONAL THERAPY	-16,885	1,014,961	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	180,219	67.10
68.00	06800	SPEECH PATHOLOGY	-3,058	623,282	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	171,898	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	143,784	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	361,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-23,053	11,399,278	73.00
76.00	03020	CARDIOLOGY	-32,390	838,953	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	167,522	90.00
90.10	09001	FAMILY PRACTICE CLINIC	-332,689	113,766	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	670,501	90.30
90.50	09004	SLEEP DISORDERS CLINIC	-9,977	638,460	90.50
91.00	09100	EMERGENCY	-9,105,653	11,542,769	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-72,704,027	294,531,412	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
193.00	19300	NONPAID WORKERS	0	496,988	193.00
193.10	19301	HEALTH PROPERTIES	18,430	2,959,199	193.10
193.40	19303	LEIGHTON CENTER	0	0	193.40
193.50	19305	WELLNESS CENTER	0	1,315,812	193.50
193.80	19308	UNUSED SPACE	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	660,978	193.91
193.92	19311	CCOP	0	193,166	193.92
193.93	19312	RESEARCH ADMIN	0	171,253	193.93
200.00		TOTAL (SUM OF LINES 118-199)	-72,685,597	300,328,808	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,422,331	1.00	
	TOTALS		0	11,422,331		
B - SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	361,244	1.00	
	TOTALS		0	361,244		
C - AMORTIZATION TO CAPITAL						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	213,278	1.00	
	TOTALS		0	213,278		
D - INTEREST EXPENSE TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,040,185	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,926,373	2.00	
	TOTALS		0	3,966,558		
G - PT UTIL FROM H&L PER SQ FT						
1.00	WELLNESS CENTER	193.50	0	9,267	1.00	
	TOTALS		0	9,267		
H - EMPLOYEE UTILIZATION OF H&LC						
1.00	EMPLOYEE BENEFITS	4.00	0	373,162	1.00	
	TOTALS		0	373,162		
I - MEDICAL DIRECTOR RECLASS						
1.00	SUBPROVIDER - IRF	41.00	0	61,221	1.00	
	TOTALS		0	61,221		
O - CAFETERIA FROM DIET RECLASS						
1.00	CAFETERIA	11.00	932,090	0	1.00	
	TOTALS		932,090	0		
V - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	41,754	1.00	
	TOTALS		0	41,754		
W - WORKER COMP EH&W						
1.00	EMPLOYEE BENEFITS	4.00	0	122,016	1.00	
	TOTALS		0	122,016		
X - PROPERTY INSURANCE TO CAPITAL						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	347,697	1.00	
	TOTALS		0	347,697		
Y - GARAGE TO A&G						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	144,501	1.00	
	TOTALS		0	144,501		
AB - DEPRECIATION TO CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,336,110	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	14,499,086	2.00	
	TOTALS		0	23,835,196		
AD - PROPERTY TAX ON CAPITAL EQUIPMENT						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	548,318	1.00	
	TOTALS		0	548,318		
BE - DEPARTMENTS TO BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	20,643,910	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
37.00		0.00	0	0				37.00	
38.00		0.00	0	0				38.00	
39.00		0.00	0	0				39.00	
40.00		0.00	0	0				40.00	
41.00		0.00	0	0				41.00	
TOTALS			0	20,643,910					
CI - CAPITAL TO A&G									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,109,293				1.00	
TOTALS			0	1,109,293					
DA - DACC TO CAPITAL									
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	300				1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	15,577				2.00	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,827				3.00	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,641				4.00	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	523,955				5.00	
6.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	168,621				6.00	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,330				7.00	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,485				8.00	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	911				9.00	
10.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,544				10.00	
11.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	106,800				11.00	
12.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	332,879				12.00	
13.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	32,574				13.00	
14.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	26,164				14.00	
15.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	22,150				15.00	
16.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,180				16.00	
17.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	160				17.00	
18.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,711				18.00	
19.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	73				19.00	
20.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	337,295				20.00	
21.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	437,971				21.00	
22.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	185,542				22.00	
23.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,112				23.00	
24.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	173,740				24.00	
25.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	36,000				25.00	
26.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	17,879				26.00	

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
27.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,571	27.00	
28.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	137,918	28.00	
29.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	16,266	29.00	
	TOTALS		0	2,611,176		
DD - INTEREST EXPENSE TO CAPITAL						
1.00	INTEREST EXPENSE	113.00	0	3,966,558	1.00	
	TOTALS		0	3,966,558		
GG - PT UTIL FROM H&L PER SQ FEET						
1.00	PHYSICAL THERAPY EAST BANK	66.01	0	9,267	1.00	
	TOTALS		0	9,267		
MD - MEDICAL DIRECTOR TO WELLNESS						
1.00	WELLNESS CENTER	193.50	0	683	1.00	
	TOTALS		0	683		
OO - CAFETERIA FROM DIET NON-SALARIES						
1.00	CAFETERIA	11.00	0	682,807	1.00	
	TOTALS		0	682,807		
YY - GARAGE CAPITAL TO PROPERTIES						
1.00	HEALTH PROPERTIES	193.10	0	114,770	1.00	
	TOTALS		0	114,770		
500.00	Grand Total: Increases		932,090	70,585,007	500.00	

RECLASSIFICATIONS

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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	11,422,331	0		1.00
	TOTALS		0	11,422,331			
B - SUPPLIES CHARGED TO PATIENTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	361,244	0		1.00
	TOTALS		0	361,244			
C - AMORTIZATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	213,278		11	1.00
	TOTALS		0	213,278			
D - INTEREST EXPENSE TO CAPITAL							
1.00	INTEREST EXPENSE	113.00	0	3,966,558		11	1.00
2.00		0.00	0	0		11	2.00
	TOTALS		0	3,966,558			
G - PT UTIL FROM H&L PER SQ FT							
1.00	WELLNESS CENTER	193.50	0	9,267	0		1.00
	TOTALS		0	9,267			
H - EMPLOYEE UTILIZATION OF H&LC							
1.00	WELLNESS CENTER	193.50	0	373,162	0		1.00
	TOTALS		0	373,162			
I - MEDICAL DIRECTOR RECLASS							
1.00	PHYSICAL THERAPY	66.00	0	61,221	0		1.00
	TOTALS		0	61,221			
O - CAFETERIA FROM DIET RECLASS							
1.00	DIETARY	10.00	932,090	0	0		1.00
	TOTALS		932,090	0			
V - MEDICAL DIRECTOR RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	41,754	0		1.00
	TOTALS		0	41,754			
W - WORKER COMP EH&W							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	122,016	0		1.00
	TOTALS		0	122,016			
X - PROPERTY INSURANCE TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	347,697		11	1.00
	TOTALS		0	347,697			
Y - GARAGE TO A&G							
1.00	HEALTH PROPERTIES	193.10	0	144,501	0		1.00
	TOTALS		0	144,501			
AB - DEPRECIATION TO CAPITAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,835,196		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	23,835,196			
AD - PROPERTY TAX ON CAPITAL EQUIPMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	548,318		11	1.00
	TOTALS		0	548,318			
BE - DEPARTMENTS TO BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,497,429	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	69,028	0		2.00
3.00	OPERATION OF PLANT	7.00	0	322,123	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	1,635	0		4.00
5.00	HOUSEKEEPING	9.00	0	752,251	0		5.00
6.00	DIETARY	10.00	0	529,389	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	332,017	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	408,179	0		8.00
9.00	PHARMACY	15.00	0	556,573	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	467,139	0		10.00
11.00	SOCIAL SERVICE	17.00	0	276,282	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	603,930	0		12.00
13.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	88,657	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	4,579,318	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	826,819	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	185,075	0		16.00
17.00	NURSERY	43.00	0	975,174	0		17.00
18.00	OPERATING ROOM	50.00	0	2,074,030	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	707,208	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,388,118	0		20.00
21.00	LABORATORY	60.00	0	554,391	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	396,131	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	292,587	0		23.00
24.00	PHYSICAL THERAPY EAST BANK	66.01	0	116,263	0		24.00
25.00	PHYSICAL THERAPY LIVING CENTER	66.10	0	46,105	0		25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	171,502	0		26.00

RECLASSIFICATIONS

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
27.00	OCCUPATIONAL THERAPY LIVING CENTER	67.10	0	16,162	0	27.00
28.00	SPEECH PATHOLOGY	68.00	0	99,464	0	28.00
29.00	SPEECH THERAPY LIVING CENTER	68.10	0	29,070	0	29.00
30.00	CARDIOLOGY	76.00	0	326,504	0	30.00
31.00	CLINIC	90.00	0	34,274	0	31.00
32.00	FAMILY PRACTICE CLINIC	90.10	0	49,196	0	32.00
33.00	HEMATOLOGY ONCOLOGY CLINIC	90.30	0	119,361	0	33.00
34.00	SLEEP DISORDERS CLINIC	90.50	0	73,614	0	34.00
35.00	EMERGENCY	91.00	0	1,166,014	0	35.00
36.00	NONPAID WORKERS	193.00	0	56,588	0	36.00
37.00	HEALTH PROPERTIES	193.10	0	153,498	0	37.00
38.00	WELLNESS CENTER	193.50	0	123,826	0	38.00
39.00	RESEARCH AND PROTOCOL	193.91	0	96,198	0	39.00
40.00	CCOP	193.92	0	43,409	0	40.00
41.00	RESEARCH ADMIN	193.93	0	39,379	0	41.00
	TOTALS		0	20,643,910		
CI - CAPITAL TO A&G						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	1,109,293	11	1.00
	TOTALS		0	1,109,293		
DA - DACC TO CAPITAL						
1.00	EMPLOYEE BENEFITS	4.00	0	300	14	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	15,577	14	2.00
3.00	HOUSEKEEPING	9.00	0	4,827	14	3.00
4.00	DIETARY	10.00	0	1,641	14	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	523,955	14	5.00
6.00	PHARMACY	15.00	0	168,621	14	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	7,330	14	7.00
8.00	CORONARY CARE UNIT	32.00	0	1,485	14	8.00
9.00	SUBPROVIDER - IRF	41.00	0	911	14	9.00
10.00	NURSERY	43.00	0	5,544	14	10.00
11.00	OPERATING ROOM	50.00	0	106,800	14	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	332,879	14	12.00
13.00	RESPIRATORY THERAPY	65.00	0	32,574	14	13.00
14.00	PHYSICAL THERAPY	66.00	0	26,164	14	14.00
15.00	CARDIOLOGY	76.00	0	22,150	14	15.00
16.00	SLEEP DISORDERS CLINIC	90.50	0	2,180	14	16.00
17.00	NONPAID WORKERS	193.00	0	160	14	17.00
18.00	WELLNESS CENTER	193.50	0	4,711	14	18.00
19.00	RESEARCH AND PROTOCOL	193.91	0	73	14	19.00
20.00	ADMINISTRATIVE & GENERAL	5.00	0	337,295	14	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	437,971	14	21.00
22.00	PHYSICAL THERAPY	66.00	0	185,542	14	22.00
23.00	CLINIC	90.00	0	7,112	14	23.00
24.00	SLEEP DISORDERS CLINIC	90.50	0	173,740	14	24.00
25.00	EMERGENCY	91.00	0	36,000	14	25.00
26.00	NONPAID WORKERS	193.00	0	17,879	14	26.00
27.00	HEALTH PROPERTIES	193.10	0	3,571	14	27.00
28.00	WELLNESS CENTER	193.50	0	137,918	14	28.00
29.00	RESEARCH ADMIN	193.93	0	16,266	14	29.00
	TOTALS		0	2,611,176		
DD - INTEREST EXPENSE TO CAPITAL						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,966,558	0	1.00
	TOTALS		0	3,966,558		
GG - PT UTIL FROM H&L PER SQ FEET						
1.00	WELLNESS CENTER	193.50	0	9,267	0	1.00
	TOTALS		0	9,267		
MD - MEDICAL DIRECTOR TO WELLNESS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	683	0	1.00
	TOTALS		0	683		
OO - CAFETERIA FROM DIET NON-SALARIES						
1.00	DIETARY	10.00	0	682,807	0	1.00
	TOTALS		0	682,807		
YY - GARAGE CAPITAL TO PROPERTIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	114,770	9	1.00
	TOTALS		0	114,770		
500.00	Grand Total: Decreases		932,090	70,585,007		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150058

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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	18,964,553	1,640,308	0	1,640,308	0	1.00
2.00	Land Improvements	2,990,799	35,643	0	35,643	0	2.00
3.00	Buildings and Fixtures	304,348,744	28,849,028	0	28,849,028	0	3.00
4.00	Building Improvements	722,092	28,849,028	0	28,849,028	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	205,970,744	15,990,885	0	15,990,885	1,769,482	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	532,996,932	75,364,892	0	75,364,892	1,769,482	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	532,996,932	75,364,892	0	75,364,892	1,769,482	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	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,444,589	0	8,444,589	0.292031	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	20,472,158	0	20,472,158	0.707969	0	2.00
3.00	Total (sum of lines 1-2)	28,916,747	0	28,916,747	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	20,604,861	0		1.00		
2.00	Land Improvements	3,026,442	956,050		2.00		
3.00	Buildings and Fixtures	333,197,772	22,403,544		3.00		
4.00	Building Improvements	29,571,120	1,319,308		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	220,192,147	126,919,352		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	606,592,342	151,598,254		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	606,592,342	151,598,254		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	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
Cost Center Description		ALLOCATION OF OTHER CAPITAL		SUMMARY OF CAPITAL			
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	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	9,221,340	455,779	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	14,499,086	2,326,588	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,720,426	2,782,367	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	174,093	0	0	-1,406,623	8,444,589	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,035,308	0	0	2,611,176	20,472,158	2.00
3.00	Total (sum of lines 1-2)	1,209,401	0	0	1,204,553	28,916,747	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

Period:
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To 12/31/2011

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-68,399		ADMINISTRATIVE & GENERAL	5.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-808,120		ADMINISTRATIVE & GENERAL	5.00	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	-11,808,247				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	1,196,895				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-996,342		CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-5,478		MEDICAL RECORDS & LIBRARY	16.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines	B	-1,536,705		ADMINISTRATIVE & GENERAL	5.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)				0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT				0	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP				0	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			0OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0	0.00	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY)				0	0.00	33.00
33.01 MEDICAL EDUCATION CME REVENUE	B	-3,114		ADMINISTRATIVE & GENERAL	5.00	33.01
33.05 TAXABLE SALES - FCMC	B	-9,039		ADULTS & PEDIATRICS	30.00	33.05
33.11 INTEREST INCOME - WORKING CAPIT	B	-908,610		NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.11
33.15 PROGRAM MEAL OFFSET	B	-120,085		DIETARY	10.00	33.15
33.16 VISITOR MEAL OFFSET	B	-179,580		CAFETERIA	11.00	33.16
33.18 OTHER REVENUE - PICU TRANSPORT	B	-10,943		ADULTS & PEDIATRICS	30.00	33.18
33.19 OTHER REVENUE - REHAB ADMIN	B	-1,674		PHYSICAL THERAPY	66.00	33.19
33.22 OTHER REVENUE - RADIOLOGY DIAGN	B	-41,851		RADIOLOGY-DIAGNOSTIC	54.00	33.22
33.23 OTHER REVENUE - MED ED	B	-3,426		ADMINISTRATIVE & GENERAL	5.00	33.23
33.24 OTHER REVENUE - NICU	B	-1,405		NURSERY	43.00	33.24
33.26		0			0.00	33.26
33.27 INTEREST INCOME - 2000 BONDS	B	-91,693		NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.27
33.28 PACE CONSULTING AMORTIZATION	A	1,350		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.28
33.29 DEPRECIATION OTHER CAPITAL PROJ	A	598		NEW CAP REL COSTS-BLDG & FIXT	1.00	33.29
33.30 OTHER REVENUE - DRIVER'S ED CON	B	-16,885		OCCUPATIONAL THERAPY	67.00	33.30

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00		3.00
33.31		0			0.00	33.31
33.35	NONALLOWABLE CAPITALIZED INTERE	A	-13,123	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.35
33.38	EXCESS LIFING ADJUSTMENT	A	14,909	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.38
33.39	PACE COMPONENT DEPREC 29 V 23 Y	A	35,087	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.39
33.42	EXCESS CAPITALIZED INTEREST PAC	A	-9,762	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.42
33.46	ALLOWABLE CAPITALZED INTEREST	A	10,626	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.46
33.48	NONALLOWABLE CAPITALIZED INTERE	A	-3,092	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.48
33.50	INCORRECT LIFING ON ASBESTOS AN	A	-11,357	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.50
33.55	OTHER REVENUE - RENT	B	-1,570,783	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.55
33.57	MEMBERSHIP REVENUE	B	-17,988	ADMINISTRATIVE & GENERAL	5.00	33.57
33.58	SPECIAL PROGRAM REVENUE	B	-26,894	ADMINISTRATIVE & GENERAL	5.00	33.58
33.59	SEMINAR REVENUE	B	-13,470	EMPLOYEE BENEFITS	4.00	33.59
33.63	STERILIZATION REVENUE	B	-24,493	DELIVERY ROOM & LABOR ROOM	52.00	33.63
33.66	OTHER REVENUE - NUTRITIONAL SER	B	-54,575	DIETARY	10.00	33.66
33.71	OTHER REVENUE - LAUNDRY	B	-645	LAUNDRY & LINEN SERVICE	8.00	33.71
33.75	OTHER REVENUE - EPWORTH OLDER ADULT	B	-10,692	ADULTS & PEDIATRICS	30.00	33.75
33.76	OTHER REVENUE - EPWORTH ADULT ACUTE	B	-544,800	ADULTS & PEDIATRICS	30.00	33.76
33.88	OTHER REVENUE - SBCSC PT	B	-166,147	PHYSICAL THERAPY	66.00	33.88
33.94	EDUC SERVICES EMS	B	-3,940	PARAMED ED PRGM-(SPECIFY)	23.00	33.94
33.96	PARKING GARAGE - OPERATING	A	-35,069	ADMINISTRATIVE & GENERAL	5.00	33.96
33.97	PARKING GARAGE - CAPITAL	A	-9,285	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.97
34.00	OTHER REVENUE - PSYCH ADMIN SUPPORT	B	-45	ADMINISTRATIVE & GENERAL	5.00	34.00
34.02	NON ALLOWABLE 1999 INTEREST	A	-926,930	NEW CAP REL COSTS-BLDG & FI XT	1.00	34.02
34.03	NON ALLOWABLE 1999 INTEREST	A	-890,762	NEW CAP REL COSTS-MVBLE EQUIP	2.00	34.03
34.04	ALLOWABLE BIC FOR 1999	A	60,838	NEW CAP REL COSTS-BLDG & FI XT	1.00	34.04
34.05	OTHER REVENUE - BENDIX FAMILY P	B	-332,689	FAMILY PRACTICE CLINIC	90.10	34.05
34.12	SELF INSURANCE EXPENSE OFFSET	A	-9,274,709	EMPLOYEE BENEFITS	4.00	34.12
34.22	MASSAGE THERAPY REVENUE	B	-10,185	PHYSICAL THERAPY LIVING CENTER	66.10	34.22
34.23	ADMISSION REVENUE	B	-27,274	ADMINISTRATIVE & GENERAL	5.00	34.23
34.24	AHA NONALLOWABLE DUES	A	-9,548	ADMINISTRATIVE & GENERAL	5.00	34.24
34.31	SKYWAY INTEREST AMORTIZATION	A	3,580	NEW CAP REL COSTS-BLDG & FI XT	1.00	34.31
34.36	OLD CAPITAL - BUILDING	A	-16,665	NEW CAP REL COSTS-BLDG & FI XT	1.00	34.36
34.37	NEW CAPITAL BUILDING	A	190,781	NEW CAP REL COSTS-BLDG & FI XT	1.00	34.37
34.56	OTHER REVENUE - FCMC	B	-8,525	ADULTS & PEDIATRICS	30.00	34.56
35.00			0		0.00	35.00
35.02	OTHER REVENUE - AMBULANCE SUPPL	B	-77,922	CENTRAL SERVICES & SUPPLY	14.00	35.02
36.00			0		0.00	36.00
36.05	BAD DEBT	A	-41,703,970	ADMINISTRATIVE & GENERAL	5.00	36.05
36.18	TRUSTEE FEES	A	-390,738	ADMINISTRATIVE & GENERAL	5.00	36.18
36.22	NON ALLOWABLE PERSONAL AUTO	A	-72,652	ADMINISTRATIVE & GENERAL	5.00	36.22
36.23	CONTRIBUTIONS	A	-758,587	ADMINISTRATIVE & GENERAL	5.00	36.23
36.24	LIFE INSURANCE	A	-47,884	ADMINISTRATIVE & GENERAL	5.00	36.24
36.25	NON-ALLOWED EXPENSES	A	-52,584	ADMINISTRATIVE & GENERAL	5.00	36.25
36.26	ENTRY FEES	A	-263,378	ADMINISTRATIVE & GENERAL	5.00	36.26
37.00			0		0.00	37.00
37.01			0		0.00	37.01
37.02	OTHER REVENUE - BTIO	B	-132,931	ADMINISTRATIVE & GENERAL	5.00	37.02
37.03	OTHER REV - TRAUMA SVCS	B	-12,014	EMERGENCY	91.00	37.03
38.00	OTHER REVENUE - NURSING EDUCATION	B	-600	NURSING ADMINISTRATION	13.00	38.00
39.00	AFFILIATE RENT	B	-9,956	NEW CAP REL COSTS-BLDG & FI XT	1.00	39.00
40.00	OTHER REVENUE - MATERNAL/CHILD ADMIN	B	-17,350	ADULTS & PEDIATRICS	30.00	40.00
41.00	OTHER REVENUE - CBU	B	-2,700	DELIVERY ROOM & LABOR ROOM	52.00	41.00
42.00	OTHER REVENUE - DISTRIBUTION	B	-1,278	CENTRAL SERVICES & SUPPLY	14.00	42.00

Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8 Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
43.00 OTHER REVENUE - TEAM PHARMACE	B	-27,616	PHARMACY	15.00	43.00
44.00 OTHER REVENUE - PEDS REHAB ST	B	-3,058	SPEECH PATHOLOGY	68.00	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-72,685,597			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY)	0	33.00
33.01	MEDICAL EDUCATION CME REVENUE	0	33.01
33.05	TAXABLE SALES - FCMC	0	33.05
33.11	INTEREST INCOME - WORKING CAPIT	11	33.11
33.15	PROGRAM MEAL OFFSET	0	33.15
33.16	VISITOR MEAL OFFSET	0	33.16
33.18	OTHER REVENUE - PICU TRANSPORT	0	33.18
33.19	OTHER REVENUE - REHAB ADMIN	0	33.19
33.22	OTHER REVENUE - RADIOLOGY DIAGN	0	33.22
33.23	OTHER REVENUE - MED ED	0	33.23
33.24	OTHER REVENUE - NICU	0	33.24
33.26		0	33.26
33.27	INTEREST INCOME - 2000 BONDS	11	33.27
33.28	PACE CONSULTING AMORTIZATION	10	33.28
33.29	DEPRECIATION OTHER CAPITAL PROJ	10	33.29
33.30	OTHER REVENUE - DRIVER'S ED CON	0	33.30
33.31		0	33.31
33.35	NONALLOWABLE CAPITALIZED INTERE	10	33.35
33.38	EXCESS LIFING ADJUSTMENT	10	33.38
33.39	PACE COMPONENT DEPREC 29 V 23 Y	10	33.39
33.42	EXCESS CAPITALIZED INTEREST PAC	10	33.42
33.46	ALLOWABLE CAPITALIZED INTEREST	10	33.46
33.48	NONALLOWABLE CAPITALIZED INTERE	10	33.48
33.50	INCORRECT LIFING ON ASBESTOS AN	10	33.50
33.55	OTHER REVENUE - RENT	14	33.55
33.57	MEMBERSHIP REVENUE	0	33.57
33.58	SPECIAL PROGRAM REVENUE	0	33.58
33.59	SEMINAR REVENUE	0	33.59

ADJUSTMENTS TO EXPENSES

Provider CCN: 150058

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

Worksheet A-8

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.63	STERILIZATION REVENUE	0	33.63
33.66	OTHER REVENUE - NUTRITIONAL SER	0	33.66
33.71	OTHER REVENUE - LAUNDRY	0	33.71
33.75	OTHER REVENUE - EPWORTH OLDER ADULT	0	33.75
33.76	OTHER REVENUE - EPWORTH ADULT ACUTE	0	33.76
33.88	OTHER REVENUE - SBCSC PT	0	33.88
33.94	EDUC SERVICES EMS	0	33.94
33.96	PARKING GARAGE - OPERATING	0	33.96
33.97	PARKING GARAGE - CAPITAL	10	33.97
34.00	OTHER REVENUE - PSYCH ADMIN SUPPORT	0	34.00
34.02	NON ALLOWABLE 1999 INTEREST	11	34.02
34.03	NON ALLOWABLE 1999 INTEREST	11	34.03
34.04	ALLOWABLE BIC FOR 1999	11	34.04
34.05	OTHER REVENUE - BENDIX FAMILY P	0	34.05
34.12	SELF INSURANCE EXPENSE OFFSET	0	34.12
34.22	MASSAGE THERAPY REVENUE	0	34.22
34.23	ADMISSION REVENUE	0	34.23
34.24	AHA NONALLOWABLE DUES	0	34.24
34.31	SKYWAY INTEREST AMORTIZATION	10	34.31
34.36	OLD CAPITAL - BUILDING	14	34.36
34.37	NEW CAPITAL BUILDING	14	34.37
34.56	OTHER REVENUE - FCMC	0	34.56
35.00		0	35.00
35.02	OTHER REVENUE - AMBULANCE SUPPL	0	35.02
36.00		0	36.00
36.05	BAD DEBT	0	36.05
36.18	TRUSTEE FEES	0	36.18
36.22	NON ALLOWABLE PERSONAL AUTO	0	36.22
36.23	CONTRIBUTIONS	0	36.23
36.24	LIFE INSURANCE	0	36.24
36.25	NON-ALLOWED EXPENSES	0	36.25
36.26	ENTRY FEES	0	36.26
37.00		0	37.00
37.01		0	37.01
37.02	OTHER REVENUE - BTIO	0	37.02
37.03	OTHER REV - TRAUMA SVCS	0	37.03
38.00	OTHER REVENUE - NURSING EDUCATION	0	38.00
39.00	AFFILIATE RENT	14	39.00
40.00	OTHER REVENUE - MATERNAL/CHILD ADMIN	0	40.00
41.00	OTHER REVENUE - CBU	0	41.00
42.00	OTHER REVENUE - DISTRIBUTION	0	42.00
43.00	OTHER REVENUE - TEAM PHARMACE	0	43.00
44.00	OTHER REVENUE - PEDS REHAB ST	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared:
3/28/2013 4:42 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0.00		HOME OFFICE OLD CAP-BUILD	1.00
2.00	0.00		HOME OFFICE OLD CAP-EQUIP	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAP-BUILD	3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE NEW CAP-EQUIP	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-CAPITAL	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-ALLOWABLE	4.02
4.03	193.10	HEALTH PROPERTIES	MPB	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

6.00	B	MEM HLTH SYSTEM	80.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150058

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

Worksheet A-8-1

Date/Time Prepared: 3/28/2013 4:42 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	0	0	0	1.00
2.00	0	0	0	0	2.00
3.00	436,248	0	436,248	10	3.00
4.00	2,326,588	0	2,326,588	10	4.00
4.01	19,704,294	0	19,704,294	0	4.01
4.02	0	21,288,665	-21,288,665	0	4.02
4.03	18,430	0	18,430	0	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	22,485,560	21,288,665	1,196,895	5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2013 4:42 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	DR. A	46,875	0	1.00
2.00	76.00	DR. Z	2,550	2,550	2.00
3.00	76.00	DR. Z	29,840	29,840	3.00
4.00	91.00	DR. B	58,363	0	4.00
5.00	91.00	DR. C	161,293	0	5.00
6.00	91.00	DR. D	247,020	0	6.00
7.00	43.00	DR. E	7,275	0	7.00
8.00	90.50	DR. F	14,702	0	8.00
9.00	73.00	DR. G	39,105	0	9.00
10.00	5.00	DR. Z	2,043,446	2,043,446	10.00
11.00	66.00	DR. H	66,517	0	11.00
12.00	50.00	DR. I	384,387	0	12.00
13.00	54.00	DR. J	34,056	0	13.00
14.00	54.00	DR. K	73,838	0	14.00
15.00	5.00	DR. L	805	0	15.00
16.00	5.00	DR. M	125,424	0	16.00
17.00	50.00	DR. N	33,801	0	17.00
18.00	91.00	DR. Z	1,978,329	1,978,329	18.00
19.00	91.00	DR. Z	6,827,829	6,827,829	19.00
20.00	5.00	DR. O	9,975	0	20.00
21.00	54.00	DR. Z	1,800	1,800	21.00
200.00			12,187,230	10,883,794	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2013 4:42 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	46,875	118,400	347	19,752	988	1.00
2.00	0	118,400	0	0	0	2.00
3.00	0	118,400	0	0	0	3.00
4.00	58,363	118,400	564	32,105	1,605	4.00
5.00	161,293	118,400	1,267	72,122	3,606	5.00
6.00	247,020	118,400	1,317	74,968	3,748	6.00
7.00	7,275	131,700	124	7,851	393	7.00
8.00	14,702	118,400	83	4,725	236	8.00
9.00	39,105	118,400	282	16,052	803	9.00
10.00	0	118,400	0	0	0	10.00
11.00	66,517	118,400	533	30,340	1,517	11.00
12.00	384,387	118,400	199	11,328	566	12.00
13.00	34,056	118,400	1	57	3	13.00
14.00	73,838	118,400	514	29,258	1,463	14.00
15.00	805	118,400	12	683	34	15.00
16.00	125,424	118,400	1,144	65,120	3,256	16.00
17.00	33,801	118,400	206	11,726	586	17.00
18.00	0	118,400	0	0	0	18.00
19.00	0	118,400	0	0	0	19.00
20.00	9,975	118,400	61	3,472	174	20.00
21.00	0	118,400	0	0	0	21.00
200.00	1,303,436		6,654	379,559	18,978	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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	19,752	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	32,105	4.00
5.00	0	0	0	0	72,122	5.00
6.00	0	0	0	0	74,968	6.00
7.00	0	0	0	0	7,851	7.00
8.00	0	0	0	0	4,725	8.00
9.00	0	0	0	0	16,052	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	30,340	11.00
12.00	0	0	0	0	11,328	12.00
13.00	0	0	0	0	57	13.00
14.00	0	0	0	0	29,258	14.00
15.00	0	0	0	0	683	15.00
16.00	0	0	0	0	65,120	16.00
17.00	0	0	0	0	11,726	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	3,472	20.00
21.00	0	0	0	0	0	21.00
200.00	0	0	0	0	379,559	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150058

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

Worksheet A-8-2

Date/Time Prepared:
3/28/2013 4:42 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	27,123	27,123	1.00
2.00	0	2,550	2.00
3.00	0	29,840	3.00
4.00	26,258	26,258	4.00
5.00	89,171	89,171	5.00
6.00	172,052	172,052	6.00
7.00	0	0	7.00
8.00	9,977	9,977	8.00
9.00	23,053	23,053	9.00
10.00	0	2,043,446	10.00
11.00	36,177	36,177	11.00
12.00	373,059	373,059	12.00
13.00	33,999	33,999	13.00
14.00	44,580	44,580	14.00
15.00	122	122	15.00
16.00	60,304	60,304	16.00
17.00	22,075	22,075	17.00
18.00	0	1,978,329	18.00
19.00	0	6,827,829	19.00
20.00	6,503	6,503	20.00
21.00	0	1,800	21.00
200.00	924,453	11,808,247	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2013 4: 42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,444,589	8,444,589			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	20,472,158		20,472,158		2.00
4.00 00400	EMPLOYEE BENEFITS	13,856,615	48,355	117,226	14,022,196	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,884,442	776,433	1,882,302	781,638	40,324,815
6.00 00600	MAINTENANCE & REPAIRS	3,581,484	53,951	130,793	53,339	3,819,567
7.00 00700	OPERATION OF PLANT	5,735,093	685,427	1,661,676	164,789	8,246,985
8.00 00800	LAUNDRY & LINEN SERVICE	1,755,575	0	0	4,340	1,759,915
9.00 00900	HOUSEKEEPING	5,272,568	27,514	66,701	421,629	5,788,412
10.00 01000	DIETARY	2,760,253	111,044	269,203	350,293	3,490,793
11.00 01100	CAFETERIA	438,975	32,191	78,041	0	549,207
13.00 01300	NURSING ADMINISTRATION	1,357,487	96,365	233,618	134,849	1,822,319
14.00 01400	CENTRAL SERVICES & SUPPLY	4,378,574	332,307	805,610	235,045	5,751,536
15.00 01500	PHARMACY	7,449,781	33,712	81,728	522,767	8,087,988
16.00 01600	MEDICAL RECORDS & LIBRARY	2,467,140	73,121	177,266	225,834	2,943,361
17.00 01700	SOCIAL SERVICE	2,212,292	30,979	75,101	228,969	2,547,341
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,765,281	55,156	133,715	433,322	5,387,474
23.00 02300	PARAMED ED PRGM-(SPECIFY)	26,595	0	0	129,407	156,002
23.01 02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,026,390	1,615,440	3,916,304	3,268,247	40,826,381
32.00 03200	CORONARY CARE UNIT	5,947,439	98,303	238,314	570,364	6,854,420
41.00 04100	SUBPROVIDER - I RF	1,485,281	156,615	379,682	151,713	2,173,291
43.00 04300	NURSERY	7,230,146	106,417	257,985	718,810	8,313,358
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,168,826	607,952	1,473,853	1,420,302	50,670,933
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,238,357	320,427	776,808	503,331	6,838,923
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,728,758	416,333	1,009,313	847,948	15,002,352
57.00 05700	CT SCAN	1,962,279	28,123	68,179	133,119	2,191,700
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	418,250	6,981	16,923	32	442,186
59.00 05900	CARDIAC CATHETERIZATION	10,183,895	160,626	389,404	149,480	10,883,405
60.00 06000	LABORATORY	13,684,528	165,067	400,170	296,869	14,546,634
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,052,865	62,366	151,194	276,513	3,542,938
66.00 06600	PHYSICAL THERAPY	2,487,015	98,532	238,871	268,551	3,092,969
66.01 06602	PHYSICAL THERAPY EAST BANK	859,277	19,808	48,021	89,289	1,016,395
66.10 06601	PHYSICAL THERAPY LIVING CENTER	332,567	19,808	48,021	37,671	438,067
67.00 06700	OCCUPATIONAL THERAPY	1,014,961	46,777	113,400	113,418	1,288,556
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	180,219	20,827	50,491	19,500	271,037
68.00 06800	SPEECH PATHOLOGY	623,282	3,336	8,088	67,770	702,476
68.10 06801	SPEECH THERAPY LIVING CENTER	171,898	10,159	24,628	18,883	225,568
70.00 07000	ELECTROENCEPHALOGRAPHY	143,784	6,407	15,532	14,184	179,907
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	361,244	0	0	0	361,244
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	11,399,278	0	0	0	11,399,278
76.00 03020	CARDIOLOGY	838,953	62,955	152,621	100,039	1,154,568
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	167,522	0	0	17,923	185,445
90.10 09001	FAMILY PRACTICE CLINIC	113,766	85,920	208,294	20,923	428,903
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	670,501	6,227	15,097	68,048	759,873
90.50 09004	SLEEP DISORDERS CLINIC	638,460	8,932	21,654	59,847	728,893
91.00 09100	EMERGENCY	11,542,769	321,639	779,747	753,992	13,398,147
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	294,531,412	6,812,532	16,515,574	13,672,987	288,593,562
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,157	82,806	0	116,963
193.00 19300	NONPAID WORKERS	496,988	1,024,923	2,484,714	27,812	4,034,437
193.10 19301	HEALTH PROPERTIES	2,959,199	0	0	118,100	3,077,299
193.40 19303	LEIGHTON CENTER	0	7,067	17,132	0	24,199
193.50 19305	WELLNESS CENTER	1,315,812	291,851	707,533	100,837	2,416,033
193.80 19308	UNUSED SPACE	0	274,059	664,399	0	938,458
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91 19310	RESEARCH AND PROTOCOL	660,978	0	0	68,996	729,974
193.92 19311	CCOP	193,166	0	0	21,434	214,600
193.93 19312	RESEARCH ADMIN	171,253	0	0	12,030	183,283
200.00	Cross Foot Adjustments	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	300,328,808	8,444,589	20,472,158	14,022,196	300,328,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	40,324,815				5.00
6.00	00600	MAINTENANCE & REPAIRS	592,388	4,411,955			6.00
7.00	00700	OPERATION OF PLANT	1,279,050	554,736	10,080,771		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	272,950	0	0	2,032,865	8.00
9.00	00900	HOUSEKEEPING	897,742	9,544	24,942	0	6,720,640
10.00	01000	DIETARY	541,398	70,800	185,033	0	340,452
11.00	01100	CAFETERIA	85,178	19,955	52,151	0	0
13.00	01300	NURSING ADMINISTRATION	282,629	60,055	156,953	0	22,372
14.00	01400	CENTRAL SERVICES & SUPPLY	892,023	205,990	538,352	23,801	125,091
15.00	01500	PHARMACY	1,254,390	14,756	38,564	0	10,104
16.00	01600	MEDICAL RECORDS & LIBRARY	456,495	43,774	114,402	0	25,379
17.00	01700	SOCIAL SERVICE	395,075	14,516	37,936	0	26,462
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	835,560	34,190	89,355	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	24,195	0	0	0	0
23.01	02301	PARAMED ED	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,331,886	728,817	1,904,753	733,389	2,316,592
32.00	03200	CORONARY CARE UNIT	1,063,073	60,936	159,254	58,728	225,224
41.00	04100	SUBPROVIDER - I RF	337,062	97,083	253,723	77,961	256,978
43.00	04300	NURSERY	1,289,344	65,965	172,399	84,955	223,961
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,858,722	376,959	985,175	279,961	382,250
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,060,669	198,626	519,104	96,886	225,645
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,326,760	209,512	547,557	186,441	648,489
57.00	05700	CT SCAN	339,917	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	68,580	0	0	8,125	0
59.00	05900	CARDIAC CATHETERIZATION	1,687,940	0	0	80,944	218,909
60.00	06000	LABORATORY	2,256,081	102,321	267,415	0	188,779
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	549,485	38,660	101,036	0	0
66.00	06600	PHYSICAL THERAPY	479,698	62,568	163,520	37,616	57,794
66.01	06602	PHYSICAL THERAPY EAST BANK	157,636	0	0	0	0
66.10	06601	PHYSICAL THERAPY LIVING CENTER	67,941	12,279	32,090	0	0
67.00	06700	OCCUPATIONAL THERAPY	199,846	29,027	75,861	0	6,375
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	42,036	12,910	33,741	0	0
68.00	06800	SPEECH PATHOLOGY	108,949	2,126	5,556	0	3,849
68.10	06801	SPEECH THERAPY LIVING CENTER	34,984	6,297	16,458	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	27,902	3,971	10,379	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,026	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,767,948	0	0	0	0
76.00	03020	CARDIOLOGY	179,065	43,369	113,345	0	2,586
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,761	0	0	0	0
90.10	09001	FAMILY PRACTICE CLINIC	66,520	53,260	139,193	0	0
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	117,851	3,860	10,089	33,529	0
90.50	09004	SLEEP DISORDERS CLINIC	113,046	5,537	14,470	11,714	0
91.00	09100	EMERGENCY	2,077,959	199,377	521,069	147,489	567,120
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,504,760	3,341,776	7,283,875	1,861,539	5,874,411
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,140	21,173	55,336	0	0
193.00	19300	NONPAID WORKERS	625,713	311,402	813,844	684	775,685
193.10	19301	HEALTH PROPERTIES	477,268	0	0	0	0
193.40	19303	LEIGHTON CENTER	3,753	4,380	11,448	0	70,544
193.50	19305	WELLNESS CENTER	374,710	180,912	472,811	170,642	0
193.80	19308	UNUSED SPACE	145,548	552,312	1,443,457	0	0
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0
193.91	19310	RESEARCH AND PROTOCOL	113,214	0	0	0	0
193.92	19311	CCOP	33,283	0	0	0	0
193.93	19312	RESEARCH ADMIN	28,426	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	40,324,815	4,411,955	10,080,771	2,032,865	6,720,640

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	4,628,476					10.00
11.00	01100	0	706,491				11.00
13.00	01300	0	6,439	2,350,767			13.00
14.00	01400	0	19,835	48	7,556,676		14.00
15.00	01500	0	22,546	4,004	0	9,432,352	15.00
16.00	01600	0	18,622	9,778	0	0	16.00
17.00	01700	0	14,406	2,042	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	18,629	0	0	22	22.00
23.00	02300	0	2,348	709	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,029,751	206,686	1,026,344	0	49,248	30.00
32.00	03200	376,917	30,436	203,180	0	11,151	32.00
41.00	04100	221,808	8,383	48,924	0	2,156	41.00
43.00	04300	0	36,251	217,677	0	4,946	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	76,082	337,781	0	5,013	50.00
52.00	05200	0	28,737	162,219	0	5,385	52.00
54.00	05400	0	47,925	46,240	0	8,698	54.00
57.00	05700	0	6,489	42	0	98	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	7,507	21,905	0	368	59.00
60.00	06000	0	24,695	15	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	15,911	0	0	1,173	65.00
66.00	06600	0	13,308	0	0	223	66.00
66.01	06602	0	0	0	0	0	66.01
66.10	06601	0	1,436	0	0	3	66.10
67.00	06700	0	0	0	0	0	67.00
67.10	06701	0	5,688	0	0	0	67.10
68.00	06800	0	0	0	0	19	68.00
68.10	06801	0	3,494	0	0	0	68.10
70.00	07000	0	759	0	0	0	70.00
71.00	07100	0	0	0	7,556,676	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	9,315,771	73.00
76.00	03020	0	4,583	14,927	0	451	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	1,262	0	0	0	90.00
90.10	09001	0	3,011	0	0	305	90.10
90.30	09002	0	3,298	19,844	0	2,191	90.30
90.50	09004	0	3,211	0	0	0	90.50
91.00	09100	0	47,071	217,242	0	24,476	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		4,628,476	679,048	2,332,921	7,556,676	9,431,697	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
193.00	19300	0	2,554	6	0	39	193.00
193.10	19301	0	10,021	0	0	616	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	0	8,601	2	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	0	4,012	17,838	0	0	193.91
193.92	19311	0	1,351	0	0	0	193.92
193.93	19312	0	904	0	0	0	193.93
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		4,628,476	706,491	2,350,767	7,556,676	9,432,352	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,611,811					16.00
17.00 01700 SOCIAL SERVICE	0	3,037,778				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	6,365,230		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	183,254	23.00
23.01 02301 PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	506,241	2,278,975	0	4,047,097	0	30.00
32.00 03200 CORONARY CARE UNIT	46,983	318,839	0	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	15,269	155,093	0	0	0	41.00
43.00 04300 NURSERY	28,190	150,607	0	53,383	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	862,136	5,127	0	479,798	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	16,022	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	648,364	0	0	43,488	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	291,294	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	162,233	0	65.00
66.00 06600 PHYSICAL THERAPY	405,228	0	0	0	0	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	99,839	0	0	0	0	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00 06800 SPEECH PATHOLOGY	45,808	0	0	0	0	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	32,421	0	73.00
76.00 03020 RADIOLOGY	271,326	0	0	131,114	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0	898,530	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	88,762	0	0	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00 09100 EMERGENCY	391,133	24,353	0	367,953	183,254	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,611,811	3,037,778	0	6,216,017	183,254	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
193.00 19300 NONPAID WORKERS	0	0	0	149,213	0	193.00
193.10 19301 HEALTH PROPERTIES	0	0	0	0	0	193.10
193.40 19303 LEIGHTON CENTER	0	0	0	0	0	193.40
193.50 19305 WELLNESS CENTER	0	0	0	0	0	193.50
193.80 19308 UNUSED SPACE	0	0	0	0	0	193.80
193.90 19309 OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310 RESEARCH AND PROTOCOL	0	0	0	0	0	193.91
193.92 19311 CCOP	0	0	0	0	0	193.92
193.93 19312 RESEARCH ADMIN	0	0	0	0	0	193.93
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,611,811	3,037,778	0	6,365,230	183,254	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150058

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

Worksheet B
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description			PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED ED	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	64,986,160	-4,047,097	60,939,063	30.00
32.00	03200	CORONARY CARE UNIT	0	9,409,141	0	9,409,141	32.00
41.00	04100	SUBPROVIDER - IRF	0	3,647,731	0	3,647,731	41.00
43.00	04300	NURSERY	0	10,641,036	-53,383	10,587,653	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	62,319,937	-479,798	61,840,139	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,152,216	0	9,152,216	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,715,826	-43,488	19,672,338	54.00
57.00	05700	CT SCAN	0	2,538,246	0	2,538,246	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	518,891	0	518,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,900,978	0	12,900,978	59.00
60.00	06000	LABORATORY	0	17,677,234	0	17,677,234	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	4,411,436	-162,233	4,249,203	65.00
66.00	06600	PHYSICAL THERAPY	0	4,312,924	0	4,312,924	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	1,174,031	0	1,174,031	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	551,816	0	551,816	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	1,699,504	0	1,699,504	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	365,412	0	365,412	67.10
68.00	06800	SPEECH PATHOLOGY	0	868,783	0	868,783	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	286,801	0	286,801	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	222,918	0	222,918	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,973,946	0	7,973,946	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,515,418	-32,421	22,482,997	73.00
76.00	03020	CARDIOLOGY	0	1,915,334	-131,114	1,784,220	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	215,468	0	215,468	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	1,589,722	-898,530	691,192	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,039,297	0	1,039,297	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	876,871	0	876,871	90.50
91.00	09100	EMERGENCY	0	18,166,643	-367,953	17,798,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	281,693,720	-6,216,017	275,477,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	211,612	0	211,612	190.00
193.00	19300	NONPAID WORKERS	0	6,713,577	-149,213	6,564,364	193.00
193.10	19301	HEALTH PROPERTIES	0	3,565,204	0	3,565,204	193.10
193.40	19303	LEIGHTON CENTER	0	114,324	0	114,324	193.40
193.50	19305	WELLNESS CENTER	0	3,623,711	0	3,623,711	193.50
193.80	19308	UNUSED SPACE	0	3,079,775	0	3,079,775	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	865,038	0	865,038	193.91
193.92	19311	CCOP	0	249,234	0	249,234	193.92
193.93	19312	RESEARCH ADMIN	0	212,613	0	212,613	193.93
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	300,328,808	-6,365,230	293,963,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1. 00			
GENERAL SERVICE COST CENTERS						
1. 00 00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00 00400	EMPLOYEE BENEFITS	0	48,355	117,226	165,581	4. 00
5. 00 00500	ADMINISTRATIVE & GENERAL	0	776,433	1,882,302	2,658,735	5. 00
6. 00 00600	MAINTENANCE & REPAIRS	0	53,951	130,793	184,744	6. 00
7. 00 00700	OPERATION OF PLANT	0	685,427	1,661,676	2,347,103	7. 00
8. 00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8. 00
9. 00 00900	HOUSEKEEPING	0	27,514	66,701	94,215	9. 00
10. 00 01000	DIETARY	0	111,044	269,203	380,247	10. 00
11. 00 01100	CAFETERIA	0	32,191	78,041	110,232	11. 00
13. 00 01300	NURSING ADMINISTRATION	0	96,365	233,618	329,983	13. 00
14. 00 01400	CENTRAL SERVICES & SUPPLY	0	332,307	805,610	1,137,917	14. 00
15. 00 01500	PHARMACY	0	33,712	81,728	115,440	15. 00
16. 00 01600	MEDICAL RECORDS & LIBRARY	0	73,121	177,266	250,387	16. 00
17. 00 01700	SOCIAL SERVICE	0	30,979	75,101	106,080	17. 00
21. 00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	55,156	133,715	188,871	22. 00
23. 00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23. 00
23. 01 02301	PARAMED ED	0	0	0	0	23. 01
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000	ADULTS & PEDIATRICS	0	1,615,440	3,916,304	5,531,744	30. 00
32. 00 03200	CORONARY CARE UNIT	0	98,303	238,314	336,617	32. 00
41. 00 04100	SUBPROVIDER - I&R	0	156,615	379,682	536,297	41. 00
43. 00 04300	NURSERY	0	106,417	257,985	364,402	43. 00
ANCILLARY SERVICE COST CENTERS						
50. 00 05000	OPERATING ROOM	0	607,952	1,473,853	2,081,805	50. 00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0	320,427	776,808	1,097,235	52. 00
54. 00 05400	RADIOLOGY-DIAGNOSTIC	0	416,333	1,009,313	1,425,646	54. 00
57. 00 05700	CT SCAN	0	28,123	68,179	96,302	57. 00
58. 00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,981	16,923	23,904	58. 00
59. 00 05900	CARDIAC CATHETERIZATION	0	160,626	389,404	550,030	59. 00
60. 00 06000	LABORATORY	0	165,067	400,170	565,237	60. 00
60. 01 06001	BLOOD LABORATORY	0	0	0	0	60. 01
65. 00 06500	RESPIRATORY THERAPY	0	62,366	151,194	213,560	65. 00
66. 00 06600	PHYSICAL THERAPY	0	98,532	238,871	337,403	66. 00
66. 01 06602	PHYSICAL THERAPY EAST BANK	0	19,808	48,021	67,829	66. 01
66. 10 06601	PHYSICAL THERAPY LIVING CENTER	0	19,808	48,021	67,829	66. 10
67. 00 06700	OCCUPATIONAL THERAPY	0	46,777	113,400	160,177	67. 00
67. 10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	20,827	50,491	71,318	67. 10
68. 00 06800	SPEECH PATHOLOGY	0	3,336	8,088	11,424	68. 00
68. 10 06801	SPEECH THERAPY LIVING CENTER	0	10,159	24,628	34,787	68. 10
70. 00 07000	ELECTROENCEPHALOGRAPHY	0	6,407	15,532	21,939	70. 00
71. 00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72. 00
73. 00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
76. 00 03020	CARDIOLOGY	0	62,955	152,621	215,576	76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000	CLINIC	0	0	0	0	90. 00
90. 10 09001	FAMILY PRACTICE CLINIC	0	85,920	208,294	294,214	90. 10
90. 30 09002	HEMATOLOGY ONCOLOGY CLINIC	0	6,227	15,097	21,324	90. 30
90. 50 09004	SLEEP DISORDERS CLINIC	0	8,932	21,654	30,586	90. 50
91. 00 09100	EMERGENCY	0	321,639	779,747	1,101,386	91. 00
92. 00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92. 00
SPECIAL PURPOSE COST CENTERS						
113. 00 11300	INTEREST EXPENSE	0	0	0	0	113. 00
118. 00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	6,812,532	16,515,574	23,328,106	118. 00
NONREIMBURSABLE COST CENTERS						
190. 00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,157	82,806	116,963	190. 00
193. 00 19300	NONPAID WORKERS	0	1,024,923	2,484,714	3,509,637	193. 00
193. 10 19301	HEALTH PROPERTIES	0	0	0	0	193. 10
193. 40 19303	LEIGHTON CENTER	0	7,067	17,132	24,199	193. 40
193. 50 19305	WELLNESS CENTER	0	291,851	707,533	999,384	193. 50
193. 80 19308	UNUSED SPACE	0	274,059	664,399	938,458	193. 80
193. 90 19309	OCCUPATIONAL HEALTH	0	0	0	0	193. 90
193. 91 19310	RESEARCH AND PROTOCOL	0	0	0	0	193. 91
193. 92 19311	CCOP	0	0	0	0	193. 92
193. 93 19312	RESEARCH ADMIN	0	0	0	0	193. 93
200. 00	Cross Foot Adjustments				0	200. 00
201. 00	Negative Cost Centers		0	0	0	201. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
202.00 TOTAL (sum lines 118-201)	0	8,444,589	20,472,158	28,916,747	165,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 3/28/2013 4:42 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	2,667,962			5.00		
6.00	00600	MAINTENANCE & REPAIRS	39,193	224,567		6.00		
7.00	00700	OPERATION OF PLANT	84,622	28,236	2,461,906	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	18,058	0	0	18,109	8.00	
9.00	00900	HOUSEKEEPING	59,395	486	6,091	0	165,164	9.00
10.00	01000	DIETARY	35,819	3,604	45,188	0	8,367	10.00
11.00	01100	CAFETERIA	5,635	1,016	12,736	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,699	3,057	38,331	0	550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	59,017	10,485	131,475	212	3,074	14.00
15.00	01500	PHARMACY	82,991	751	9,418	0	248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,202	2,228	27,939	0	624	16.00
17.00	01700	SOCIAL SERVICE	26,138	739	9,265	0	650	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	55,281	1,740	21,822	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,601	0	0	0	0	23.00
23.01	02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418,919	37,097	465,175	6,533	56,932	30.00
32.00	03200	CORONARY CARE UNIT	70,333	3,102	38,893	523	5,535	32.00
41.00	04100	SUBPROVIDER - I RF	22,300	4,941	61,964	695	6,315	41.00
43.00	04300	NURSERY	85,303	3,358	42,103	757	5,504	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	519,997	19,187	240,597	2,494	9,394	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	70,174	10,110	126,775	863	5,545	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,939	10,664	133,723	1,661	15,937	54.00
57.00	05700	CT SCAN	22,489	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,537	0	0	72	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	111,675	0	0	721	5,380	59.00
60.00	06000	LABORATORY	149,263	5,208	65,308	0	4,639	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	36,354	1,968	24,675	0	0	65.00
66.00	06600	PHYSICAL THERAPY	31,737	3,185	39,934	335	1,420	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	10,429	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	4,495	625	7,837	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	13,222	1,477	18,527	0	157	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,781	657	8,240	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	7,208	108	1,357	0	95	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	2,315	321	4,019	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	1,846	202	2,535	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,707	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	116,968	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	11,847	2,207	27,681	0	64	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,903	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	4,401	2,711	33,994	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	7,797	196	2,464	299	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	7,479	282	3,534	104	0	90.50
91.00	09100	EMERGENCY	137,478	10,148	127,254	1,314	13,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,547,547	170,096	1,778,854	16,583	144,367	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,200	1,078	13,514	0	0	190.00
193.00	19300	NONPAID WORKERS	41,397	15,850	198,755	6	19,063	193.00
193.10	19301	HEALTH PROPERTIES	31,576	0	0	0	0	193.10
193.40	19303	LEIGHTON CENTER	248	223	2,796	0	1,734	193.40
193.50	19305	WELLNESS CENTER	24,791	9,208	115,469	1,520	0	193.50
193.80	19308	UNUSED SPACE	9,630	28,112	352,518	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	7,490	0	0	0	0	193.91
193.92	19311	CCOP	2,202	0	0	0	0	193.92
193.93	19312	RESEARCH ADMIN	1,881	0	0	0	0	193.93
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)	2,667,962	224,567	2,461,906	18,109	165,164	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150058

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

Worksheet B
Part II
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	477,360					10.00	
11.00	01100	0	129,619				11.00	
13.00	01300	0	1,181	393,393			13.00	
14.00	01400	0	3,639	8	1,348,602		14.00	
15.00	01500	0	4,137	670	0	219,826	15.00	
16.00	01600	0	3,416	1,636	0	0	16.00	
17.00	01700	0	2,643	342	0	0	17.00	
21.00	02100	0	0	0	0	0	21.00	
22.00	02200	0	3,418	0	0	1	22.00	
23.00	02300	0	431	119	0	0	23.00	
23.01	02301	0	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	415,611	37,920	171,753	0	1,148	30.00	
32.00	03200	38,873	5,584	34,002	0	260	32.00	
41.00	04100	22,876	1,538	8,187	0	50	41.00	
43.00	04300	0	6,651	36,428	0	115	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	13,959	56,527	0	117	50.00	
52.00	05200	0	5,272	27,147	0	126	52.00	
54.00	05400	0	8,793	7,738	0	203	54.00	
57.00	05700	0	1,191	7	0	2	57.00	
58.00	05800	0	0	0	0	0	58.00	
59.00	05900	0	1,377	3,666	0	9	59.00	
60.00	06000	0	4,531	3	0	0	60.00	
60.01	06001	0	0	0	0	0	60.01	
65.00	06500	0	2,919	0	0	27	65.00	
66.00	06600	0	2,442	0	0	5	66.00	
66.01	06602	0	0	0	0	0	66.01	
66.10	06601	0	263	0	0	0	66.10	
67.00	06700	0	0	0	0	0	67.00	
67.10	06701	0	1,043	0	0	0	67.10	
68.00	06800	0	0	0	0	0	68.00	
68.10	06801	0	641	0	0	0	68.10	
70.00	07000	0	139	0	0	0	70.00	
71.00	07100	0	0	0	1,348,602	0	71.00	
72.00	07200	0	0	0	0	0	72.00	
73.00	07300	0	0	0	0	217,109	73.00	
76.00	03020	0	841	2,498	0	11	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	232	0	0	0	90.00	
90.10	09001	0	552	0	0	7	90.10	
90.30	09002	0	605	3,321	0	51	90.30	
90.50	09004	0	589	0	0	0	90.50	
91.00	09100	0	8,636	36,355	0	570	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		477,360	124,583	390,407	1,348,602	219,811	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
193.00	19300	0	469	1	0	1	193.00	
193.10	19301	0	1,839	0	0	14	193.10	
193.40	19303	0	0	0	0	0	193.40	
193.50	19305	0	1,578	0	0	0	193.50	
193.80	19308	0	0	0	0	0	193.80	
193.90	19309	0	0	0	0	0	193.90	
193.91	19310	0	736	2,985	0	0	193.91	
193.92	19311	0	248	0	0	0	193.92	
193.93	19312	0	166	0	0	0	193.93	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		477,360	129,619	393,393	1,348,602	219,826	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	319,098				16.00
17.00 01700	SOCIAL SERVICE	0	148,560			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		276,248	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PARAMED PRGM	0	0			23.01
23.01 02301	PARAMED PRGM	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	44,726	111,450			30.00
32.00 03200	CORONARY CARE UNIT	4,151	15,593			32.00
41.00 04100	SUBPROVIDER - IRF	1,349	7,585			41.00
43.00 04300	NURSERY	2,491	7,365			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	76,168	251			50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	784			52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	57,282	0			54.00
57.00 05700	CT SCAN	0	0			57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00 06000	LABORATORY	25,735	0			60.00
60.01 06001	BLOOD LABORATORY	0	0			60.01
65.00 06500	RESPIRATORY THERAPY	0	0			65.00
66.00 06600	PHYSICAL THERAPY	35,801	0			66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	0	0			66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	0	0			66.10
67.00 06700	OCCUPATIONAL THERAPY	8,821	0			67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0			67.10
68.00 06800	SPEECH PATHOLOGY	4,047	0			68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	0	0			68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00 03020	CARDIOLOGY	23,971	0			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0			90.00
90.10 09001	FAMILY PRACTICE CLINIC	0	0			90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	0	4,341			90.30
90.50 09004	SLEEP DISORDERS CLINIC	0	0			90.50
91.00 09100	EMERGENCY	34,556	1,191			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	319,098	148,560	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
193.00 19300	NONPAID WORKERS	0	0			193.00
193.10 19301	HEALTH PROPERTIES	0	0			193.10
193.40 19303	LEIGHTON CENTER	0	0			193.40
193.50 19305	WELLNESS CENTER	0	0			193.50
193.80 19308	UNUSED SPACE	0	0			193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0			193.90
193.91 19310	RESEARCH AND PROTOCOL	0	0			193.91
193.92 19311	CCOP	0	0			193.92
193.93 19312	RESEARCH ADMIN	0	0			193.93
200.00	Cross Foot Adjustments	0	0	0	276,248	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	319,098	148,560	0	276,248	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 3/28/2013 4:42 pm
Cost Center	Description	PARAMED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		7,337,647	0	7,337,647
32.00	03200	CORONARY CARE UNIT		560,199	0	560,199
41.00	04100	SUBPROVIDER - IRF		675,888	0	675,888
43.00	04300	NURSERY		562,962	0	562,962
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		3,037,262	0	3,037,262
52.00	05200	DELIVERY ROOM & LABOR ROOM		1,349,972	0	1,349,972
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,825,595	0	1,825,595
57.00	05700	CT SCAN		121,562	0	121,562
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		28,513	0	28,513
59.00	05900	CARDIAC CATHETERIZATION		674,623	0	674,623
60.00	06000	LABORATORY		823,428	0	823,428
60.01	06001	BLOOD LABORATORY		0	0	0
65.00	06500	RESPIRATORY THERAPY		282,767	0	282,767
66.00	06600	PHYSICAL THERAPY		455,432	0	455,432
66.01	06602	PHYSICAL THERAPY EAST BANK		79,312	0	79,312
66.10	06601	PHYSICAL THERAPY LIVING CENTER		81,494	0	81,494
67.00	06700	OCCUPATIONAL THERAPY		203,720	0	203,720
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER		84,269	0	84,269
68.00	06800	SPEECH PATHOLOGY		25,039	0	25,039
68.10	06801	SPEECH THERAPY LIVING CENTER		42,306	0	42,306
70.00	07000	ELECTROENCEPHALOGRAPHY		26,828	0	26,828
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,352,309	0	1,352,309
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS		334,077	0	334,077
76.00	03020	CARDIOLOGY		285,877	0	285,877
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		2,347	0	2,347
90.10	09001	FAMILY PRACTICE CLINIC		336,126	0	336,126
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC		41,201	0	41,201
90.50	09004	SLEEP DISORDERS CLINIC		43,280	0	43,280
91.00	09100	EMERGENCY		1,481,725	0	1,481,725
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,155,760	0	22,155,760
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		132,755	0	132,755
193.00	19300	NONPAID WORKERS		3,785,507	0	3,785,507
193.10	19301	HEALTH PROPERTIES		34,823	0	34,823
193.40	19303	LEIGHTON CENTER		29,200	0	29,200
193.50	19305	WELLNESS CENTER		1,153,140	0	1,153,140
193.80	19308	UNUSED SPACE		1,328,718	0	1,328,718
193.90	19309	OCCUPATIONAL HEALTH		0	0	0
193.91	19310	RESEARCH AND PROTOCOL		12,025	0	12,025
193.92	19311	CCOP		2,703	0	2,703
193.93	19312	RESEARCH ADMIN		2,189	0	2,189
200.00		Cross Foot Adjustments	0	279,927	0	279,927
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	28,916,747	0	28,916,747

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,177,058					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,177,058				2.00
4.00 00400	EMPLOYEE BENEFITS	6,740	6,740	117,059,894			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	108,224	108,224	6,525,234	-40,324,815	260,003,993	5.00
6.00 00600	MAINTENANCE & REPAIRS	7,520	7,520	445,278	0	3,819,567	6.00
7.00 00700	OPERATION OF PLANT	95,539	95,539	1,375,680	0	8,246,985	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	36,234	0	1,759,915	8.00
9.00 00900	HOUSEKEEPING	3,835	3,835	3,519,821	0	5,788,412	9.00
10.00 01000	DIETARY	15,478	15,478	2,924,297	0	3,490,793	10.00
11.00 01100	CAFETERIA	4,487	4,487	0	0	549,207	11.00
13.00 01300	NURSING ADMINISTRATION	13,432	13,432	1,125,739	0	1,822,319	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	46,319	46,319	1,962,192	0	5,751,536	14.00
15.00 01500	PHARMACY	4,699	4,699	4,364,139	0	8,087,988	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,192	10,192	1,885,294	0	2,943,361	16.00
17.00 01700	SOCIAL SERVICE	4,318	4,318	1,911,471	0	2,547,341	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,688	7,688	3,617,435	0	5,387,474	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	1,080,310	0	156,002	23.00
23.01 02301	PARAMED ED	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	225,170	225,170	27,284,305	0	40,826,381	30.00
32.00 03200	CORONARY CARE UNIT	13,702	13,702	4,761,485	0	6,854,420	32.00
41.00 04100	SUBPROVIDER - I RF	21,830	21,830	1,266,520	0	2,173,291	41.00
43.00 04300	NURSERY	14,833	14,833	6,000,738	0	8,313,358	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	84,740	84,740	11,856,894	0	50,670,933	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	44,663	44,663	4,201,881	0	6,838,923	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	58,031	58,031	7,078,799	0	15,002,352	54.00
57.00 05700	CT SCAN	3,920	3,920	1,111,295	0	2,191,700	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	973	973	264	0	442,186	58.00
59.00 05900	CARDIAC CATHETERIZATION	22,389	22,389	1,247,881	0	10,883,405	59.00
60.00 06000	LABORATORY	23,008	23,008	2,478,310	0	14,546,634	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	8,693	8,693	2,308,369	0	3,542,938	65.00
66.00 06600	PHYSICAL THERAPY	13,734	13,734	2,241,902	0	3,092,969	66.00
66.01 06602	PHYSICAL THERAPY EAST BANK	2,761	2,761	745,398	0	1,016,395	66.01
66.10 06601	PHYSICAL THERAPY LIVING CENTER	2,761	2,761	314,487	0	438,067	66.10
67.00 06700	OCCUPATIONAL THERAPY	6,520	6,520	946,830	0	1,288,556	67.00
67.10 06701	OCCUPATIONAL THERAPY LIVING CENTER	2,903	2,903	162,789	0	271,037	67.10
68.00 06800	SPEECH PATHOLOGY	465	465	565,757	0	702,476	68.00
68.10 06801	SPEECH THERAPY LIVING CENTER	1,416	1,416	157,642	0	225,568	68.10
70.00 07000	ELECTROENCEPHALOGRAPHY	893	893	118,411	0	179,907	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	361,244	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,399,278	73.00
76.00 03020	CARDIOLOGY	8,775	8,775	835,144	0	1,154,568	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	149,625	0	185,445	90.00
90.10 09001	FAMILY PRACTICE CLINIC	11,976	11,976	174,666	0	428,903	90.10
90.30 09002	HEMATOLOGY ONCOLOGY CLINIC	868	868	568,073	0	759,873	90.30
90.50 09004	SLEEP DISORDERS CLINIC	1,245	1,245	499,613	0	728,893	90.50
91.00 09100	EMERGENCY	44,832	44,832	6,294,443	0	13,398,147	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00 118.00	SUBTOTALS (SUM OF LINES 1-117)	949,572	949,572	114,144,645	-40,324,815	248,268,747	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,761	4,761	0	0	116,963	190.00
193.00 19300	NONPAID WORKERS	142,860	142,860	232,179	0	4,034,437	193.00
193.10 19301	HEALTH PROPERTIES	0	0	985,914	0	3,077,299	193.10
193.40 19303	LEIGHTON CENTER	985	985	0	0	24,199	193.40
193.50 19305	WELLNESS CENTER	40,680	40,680	841,803	0	2,416,033	193.50
193.80 19308	UNUSED SPACE	38,200	38,200	0	0	938,458	193.80
193.90 19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91 19310	RESEARCH AND PROTOCOL	0	0	575,989	0	729,974	193.91
193.92 19311	CCOP	0	0	178,932	0	214,600	193.92
193.93 19312	RESEARCH ADMIN	0	0	100,432	0	183,283	193.93
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	8,444,589	20,472,158	14,022,196	5A	40,324,815	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.174319	17.392650	0.119787		0.155093	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			165,581		2,667,962	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001414		0.010261	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	992,073				6.00	
7.00	00700	OPERATION OF PLANT	124,738	867,335			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	3,218,402		8.00	
9.00	00900	HOUSEKEEPING	2,146	2,146	0	111,750	9.00	
10.00	01000	DIETARY	15,920	15,920	0	5,661	10.00	
11.00	01100	CAFETERIA	4,487	4,487	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	13,504	13,504	0	372	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	46,319	46,319	37,682	2,080	14.00	
15.00	01500	PHARMACY	3,318	3,318	0	168	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	9,843	9,843	0	422	16.00	
17.00	01700	SOCIAL SERVICE	3,264	3,264	0	440	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	7,688	7,688	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	163,882	163,882	1,161,090	38,520	269,700	30.00
32.00	03200	CORONARY CARE UNIT	13,702	13,702	92,977	3,745	25,226	32.00
41.00	04100	SUBPROVIDER - I RF	21,830	21,830	123,427	4,273	14,845	41.00
43.00	04300	NURSERY	14,833	14,833	134,500	3,724	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,763	84,763	443,230	6,356	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,663	44,663	153,388	3,752	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,111	47,111	295,171	10,783	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	12,864	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	128,149	3,640	0	59.00
60.00	06000	LABORATORY	23,008	23,008	0	3,139	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	8,693	8,693	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	14,069	14,069	59,553	961	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	2,761	2,761	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	6,527	6,527	0	106	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	2,903	2,903	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	478	478	0	64	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,416	1,416	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	893	893	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	9,752	9,752	0	43	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	11,976	11,976	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	868	868	53,083	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	1,245	1,245	18,545	0	0	90.50
91.00	09100	EMERGENCY	44,832	44,832	233,502	9,430	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	751,432	626,694	2,947,161	97,679	309,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,761	4,761	0	0	0	190.00
193.00	19300	NONPAID WORKERS	70,022	70,022	1,083	12,898	0	193.00
193.10	19301	HEALTH PROPERTIES	0	0	0	0	0	193.10
193.40	19303	LEIGHTON CENTER	985	985	0	1,173	0	193.40
193.50	19305	WELLNESS CENTER	40,680	40,680	270,158	0	0	193.50
193.80	19308	UNUSED SPACE	124,193	124,193	0	0	0	193.80
193.90	19309	OCCUPATIONAL HEALTH	0	0	0	0	0	193.90
193.91	19310	RESEARCH AND PROTOCOL	0	0	0	0	0	193.91
193.92	19311	CCOP	0	0	0	0	0	193.92
193.93	19312	RESEARCH ADMIN	0	0	0	0	0	193.93
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,411,955	10,080,771	2,032,865	6,720,640	4,628,476	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.447208	11.622696	0.631638	60.139955	14.941605	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	224,567	2,461,906	18,109	165,164	477,360	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.226361	2.838472	0.005627	1.477978	1.541009	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,189,334					11.00
13.00	01300	29,070	1,220,066				13.00
14.00	01400	89,540	25	10,000			14.00
15.00	01500	101,782	2,078	0	11,565,275		15.00
16.00	01600	84,065	5,075	0	0	3,075	16.00
17.00	01700	65,035	1,060	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	84,099	0	0	27	0	22.00
23.00	02300	10,598	368	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	933,045	532,680	0	60,384	431	30.00
32.00	03200	137,400	105,452	0	13,673	40	32.00
41.00	04100	37,844	25,392	0	2,644	13	41.00
43.00	04300	163,648	112,976	0	6,065	24	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	343,459	175,311	0	6,147	734	50.00
52.00	05200	129,727	84,193	0	6,603	0	52.00
54.00	05400	216,349	23,999	0	10,665	552	54.00
57.00	05700	29,294	22	0	120	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	33,888	11,369	0	451	0	59.00
60.00	06000	111,483	8	0	0	248	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	71,827	0	0	1,438	0	65.00
66.00	06600	60,076	0	0	273	345	66.00
66.01	06602	0	0	0	0	0	66.01
66.10	06601	6,482	0	0	4	0	66.10
67.00	06700	0	0	0	0	85	67.00
67.10	06701	25,676	0	0	0	0	67.10
68.00	06800	0	0	0	23	39	68.00
68.10	06801	15,773	0	0	0	0	68.10
70.00	07000	3,426	0	0	0	0	70.00
71.00	07100	0	0	10,000	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	11,422,331	0	73.00
76.00	03020	20,691	7,747	0	553	231	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	5,699	0	0	0	0	90.00
90.10	09001	13,591	0	0	374	0	90.10
90.30	09002	14,889	10,299	0	2,686	0	90.30
90.50	09004	14,496	0	0	0	0	90.50
91.00	09100	212,494	112,750	0	30,011	333	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		3,065,446	1,210,804	10,000	11,564,472	3,075	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
193.00	19300	11,530	3	0	48	0	193.00
193.10	19301	45,240	0	0	755	0	193.10
193.40	19303	0	0	0	0	0	193.40
193.50	19305	38,828	1	0	0	0	193.50
193.80	19308	0	0	0	0	0	193.80
193.90	19309	0	0	0	0	0	193.90
193.91	19310	18,112	9,258	0	0	0	193.91
193.92	19311	6,097	0	0	0	0	193.92
193.93	19312	4,081	0	0	0	0	193.93
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	706,491	2,350,767	7,556,676	9,432,352	3,611,811	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.221517	1.926754	755.667600	0.815575	1,174.572683	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	129,619	393,393	1,348,602	219,826	319,098	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040641	0.322436	134.860200	0.019007	103.771707	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)	23.01
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
21.00 02100	9,480					21.00
22.00 02200	0	0	48,887			22.00
23.00 02300	0			100		23.00
23.01 02301	0			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	7,112	0	31,083	0	0	30.00
32.00 03200	995	0	0	0	0	32.00
41.00 04100	484	0	0	0	0	41.00
43.00 04300	470	0	410	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	16	0	3,685	0	0	50.00
52.00 05200	50	0	0	0	0	52.00
54.00 05400	0	0	334	0	0	54.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
60.01 06001	0	0	0	0	0	60.01
65.00 06500	0	0	1,246	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
66.01 06602	0	0	0	0	0	66.01
66.10 06601	0	0	0	0	0	66.10
67.00 06700	0	0	0	0	0	67.00
67.10 06701	0	0	0	0	0	67.10
68.00 06800	0	0	0	0	0	68.00
68.10 06801	0	0	0	0	0	68.10
70.00 07000	0	0	0	0	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	249	0	0	73.00
76.00 03020	0	0	1,007	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	0	90.00
90.10 09001	0	0	6,901	0	0	90.10
90.30 09002	277	0	0	0	0	90.30
90.50 09004	0	0	0	0	0	90.50
91.00 09100	76	0	2,826	100	0	91.00
92.00 09200						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300						113.00
118.00	9,480	0	47,741	100	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
193.00 19300	0	0	1,146	0	0	193.00
193.10 19301	0	0	0	0	0	193.10
193.40 19303	0	0	0	0	0	193.40
193.50 19305	0	0	0	0	0	193.50
193.80 19308	0	0	0	0	0	193.80
193.90 19309	0	0	0	0	0	193.90
193.91 19310	0	0	0	0	0	193.91
193.92 19311	0	0	0	0	0	193.92
193.93 19312	0	0	0	0	0	193.93
200.00						200.00
201.00						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150058

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

Worksheet B-1

Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	PARAMED (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,037,778	0	6,365,230	183,254	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	320.440717	0.000000	130.202917	1,832.540000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	148,560	0	276,248	3,679	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	15.670886	0.000000	5.650746	36.790000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		60,939,063	0	60,939,063	30.00
32.00	03200 CORONARY CARE UNIT		9,409,141	0	9,409,141	32.00
41.00	04100 SUBPROVIDER - IRF		3,647,731	0	3,647,731	41.00
43.00	04300 NURSERY		10,587,653	0	10,587,653	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		61,840,139	395,134	62,235,273	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		9,152,216	0	9,152,216	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		19,672,338	78,579	19,750,917	54.00
57.00	05700 CT SCAN		2,538,246	0	2,538,246	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		518,891	0	518,891	58.00
59.00	05900 CARDIAC CATHETERIZATION		12,900,978	0	12,900,978	59.00
60.00	06000 LABORATORY		17,677,234	0	17,677,234	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,249,203	0	4,249,203	65.00
66.00	06600 PHYSICAL THERAPY	0	4,312,924	36,177	4,349,101	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	1,174,031	0	1,174,031	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	551,816	0	551,816	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	1,699,504	0	1,699,504	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	365,412	0	365,412	67.10
68.00	06800 SPEECH PATHOLOGY	0	868,783	0	868,783	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	286,801	0	286,801	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY		222,918	0	222,918	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,973,946	0	7,973,946	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		22,482,997	23,053	22,506,050	73.00
76.00	03020 RADIOLOGY		1,784,220	0	1,784,220	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		215,468	0	215,468	90.00
90.10	09001 FAMILY PRACTICE CLINIC		691,192	0	691,192	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC		1,039,297	0	1,039,297	90.30
90.50	09004 SLEEP DISORDERS CLINIC		876,871	9,977	886,848	90.50
91.00	09100 EMERGENCY		17,798,690	287,481	18,086,171	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,192,942	0	3,192,942	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	0	278,670,645	830,401	279,501,046	200.00
201.00	Less Observation Beds		3,192,942		3,192,942	201.00
202.00	Total (see instructions)	0	275,477,703	830,401	276,308,104	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 3/28/2013 4:42 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,202,436		133,202,436			30.00
32.00	03200	CORONARY CARE UNIT	25,759,954		25,759,954			32.00
41.00	04100	SUBPROVIDER - IRF	8,053,844		8,053,844			41.00
43.00	04300	NURSERY	24,339,100		24,339,100			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,780,291	87,780,975	241,561,266	0.256002	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574,949	1,781,644	22,356,593	0.409374	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,337,208	66,662,422	100,999,630	0.194776	0.000000	54.00
57.00	05700	CT SCAN	15,533,886	33,873,202	49,407,088	0.051374	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	769,178	36,851	806,029	0.643762	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,558,691	35,174,840	61,733,531	0.208978	0.000000	59.00
60.00	06000	LABORATORY	58,025,065	27,756,364	85,781,429	0.206073	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	26,596,117	2,056,209	28,652,326	0.148302	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,150,688	4,312,952	10,463,640	0.412182	0.000000	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	1,000	3,544,319	3,545,319	0.331150	0.000000	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	3,779	976,768	980,547	0.562763	0.000000	66.10
67.00	06700	OCCUPATIONAL THERAPY	3,184,171	1,300,288	4,484,459	0.378976	0.000000	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	1,941	619,446	621,387	0.588059	0.000000	67.10
68.00	06800	SPEECH PATHOLOGY	1,576,029	1,330,044	2,906,073	0.298954	0.000000	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,597	685,022	686,619	0.417700	0.000000	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	351,864	868,293	1,220,157	0.182696	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,262,368	82,671	1,345,039	5.928412	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,692,918	28,021,491	109,714,409	0.204923	0.000000	73.00
76.00	03020	CARDIOLOGY	5,572,074	4,802,659	10,374,733	0.171977	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	38,512	1,221,000	1,259,512	0.825158	0.000000	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,381,433	3,381,433	0.259319	0.000000	90.50
91.00	09100	EMERGENCY	13,545,374	29,238,983	42,784,357	0.416009	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	8,884,381	0.359388	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	640,913,034	344,392,257	985,305,291			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	640,913,034	344,392,257	985,305,291			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
32.00	03200	CORONARY CARE UNIT		32.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.257638	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195554	54.00
57.00	05700	CT SCAN	0.051374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	59.00
60.00	06000	LABORATORY	0.206073	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	65.00
66.00	06600	PHYSICAL THERAPY	0.415639	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205133	73.00
76.00	03020	CARDIOLOGY	0.171977	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.262270	90.50
91.00	09100	EMERGENCY	0.422729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150058

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

Worksheet C
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	60,939,063		60,939,063	0	60,939,063 30.00
32.00	03200 CORONARY CARE UNIT	9,409,141		9,409,141	0	9,409,141 32.00
41.00	04100 SUBPROVIDER - IRF	3,647,731		3,647,731	0	3,647,731 41.00
43.00	04300 NURSERY	10,587,653		10,587,653	0	10,587,653 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	61,840,139		61,840,139	395,134	62,235,273 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,152,216		9,152,216	0	9,152,216 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,672,338		19,672,338	78,579	19,750,917 54.00
57.00	05700 CT SCAN	2,538,246		2,538,246	0	2,538,246 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	518,891		518,891	0	518,891 58.00
59.00	05900 CARDIAC CATHETERIZATION	12,900,978		12,900,978	0	12,900,978 59.00
60.00	06000 LABORATORY	17,677,234		17,677,234	0	17,677,234 60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	4,249,203	0	4,249,203	0	4,249,203 65.00
66.00	06600 PHYSICAL THERAPY	4,312,924	0	4,312,924	36,177	4,349,101 66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	1,174,031	0	1,174,031	0	1,174,031 66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	551,816	0	551,816	0	551,816 66.10
67.00	06700 OCCUPATIONAL THERAPY	1,699,504	0	1,699,504	0	1,699,504 67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	365,412	0	365,412	0	365,412 67.10
68.00	06800 SPEECH PATHOLOGY	868,783	0	868,783	0	868,783 68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	286,801	0	286,801	0	286,801 68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	222,918		222,918	0	222,918 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,973,946		7,973,946	0	7,973,946 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,482,997		22,482,997	23,053	22,506,050 73.00
76.00	03020 RADIOLOGY	1,784,220		1,784,220	0	1,784,220 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	215,468		215,468	0	215,468 90.00
90.10	09001 FAMILY PRACTICE CLINIC	691,192		691,192	0	691,192 90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	1,039,297		1,039,297	0	1,039,297 90.30
90.50	09004 SLEEP DISORDERS CLINIC	876,871		876,871	9,977	886,848 90.50
91.00	09100 EMERGENCY	17,798,690		17,798,690	287,481	18,086,171 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,192,942		3,192,942	0	3,192,942 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	278,670,645	0	278,670,645	830,401	279,501,046 200.00
201.00	Less Observation Beds	3,192,942		3,192,942		3,192,942 201.00
202.00	Total (see instructions)	275,477,703	0	275,477,703	830,401	276,308,104 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 3/28/2013 4:42 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,202,436		133,202,436			30.00
32.00	03200	CORONARY CARE UNIT	25,759,954		25,759,954			32.00
41.00	04100	SUBPROVIDER - IRF	8,053,844		8,053,844			41.00
43.00	04300	NURSERY	24,339,100		24,339,100			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,780,291	87,780,975	241,561,266	0.256002	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,574,949	1,781,644	22,356,593	0.409374	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,337,208	66,662,422	100,999,630	0.194776	0.000000	54.00
57.00	05700	CT SCAN	15,533,886	33,873,202	49,407,088	0.051374	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	769,178	36,851	806,029	0.643762	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,558,691	35,174,840	61,733,531	0.208978	0.000000	59.00
60.00	06000	LABORATORY	58,025,065	27,756,364	85,781,429	0.206073	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	26,596,117	2,056,209	28,652,326	0.148302	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,150,688	4,312,952	10,463,640	0.412182	0.000000	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	1,000	3,544,319	3,545,319	0.331150	0.000000	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	3,779	976,768	980,547	0.562763	0.000000	66.10
67.00	06700	OCCUPATIONAL THERAPY	3,184,171	1,300,288	4,484,459	0.378976	0.000000	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	1,941	619,446	621,387	0.588059	0.000000	67.10
68.00	06800	SPEECH PATHOLOGY	1,576,029	1,330,044	2,906,073	0.298954	0.000000	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	1,597	685,022	686,619	0.417700	0.000000	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	351,864	868,293	1,220,157	0.182696	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,262,368	82,671	1,345,039	5.928412	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,692,918	28,021,491	109,714,409	0.204923	0.000000	73.00
76.00	03020	CARDIOLOGY	5,572,074	4,802,659	10,374,733	0.171977	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0.000000	0.000000	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	38,512	1,221,000	1,259,512	0.825158	0.000000	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,381,433	3,381,433	0.259319	0.000000	90.50
91.00	09100	EMERGENCY	13,545,374	29,238,983	42,784,357	0.416009	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	8,884,381	0.359388	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	640,913,034	344,392,257	985,305,291			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	640,913,034	344,392,257	985,305,291			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 3/28/2013 4:42 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.257638		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.409374		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195554		54.00
57.00	05700 CT SCAN	0.051374		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.643762		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.208978		59.00
60.00	06000 LABORATORY	0.206073		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.148302		65.00
66.00	06600 PHYSICAL THERAPY	0.415639		66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0.331150		66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0.562763		66.10
67.00	06700 OCCUPATIONAL THERAPY	0.378976		67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0.588059		67.10
68.00	06800 SPEECH PATHOLOGY	0.298954		68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0.417700		68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0.182696		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.205133		73.00
76.00	03020 RADIOLOGY	0.171977		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.10	09001 FAMILY PRACTICE CLINIC	0.000000		90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0.825158		90.30
90.50	09004 SLEEP DISORDERS CLINIC	0.262270		90.50
91.00	09100 EMERGENCY	0.422729		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.359388		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150058

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

Worksheet C Part II Date/Time Prepared: 3/28/2013 4:42 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,840,139	3,037,262	58,802,877	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,152,216	1,349,972	7,802,244	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,672,338	1,825,595	17,846,743	0	0	54.00
57.00	05700	CT SCAN	2,538,246	121,562	2,416,684	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	518,891	28,513	490,378	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,900,978	674,623	12,226,355	0	0	59.00
60.00	06000	LABORATORY	17,677,234	823,428	16,853,806	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,249,203	282,767	3,966,436	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,312,924	455,432	3,857,492	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	1,174,031	79,312	1,094,719	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	551,816	81,494	470,322	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	1,699,504	203,720	1,495,784	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	365,412	84,269	281,143	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	868,783	25,039	843,744	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	286,801	42,306	244,495	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	222,918	26,828	196,090	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,973,946	1,352,309	6,621,637	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,482,997	334,077	22,148,920	0	0	73.00
76.00	03020	CARDIOLOGY	1,784,220	285,877	1,498,343	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	215,468	2,347	213,121	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	691,192	336,126	355,066	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	1,039,297	41,201	998,096	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	876,871	43,280	833,591	0	0	90.50
91.00	09100	EMERGENCY	17,798,690	1,481,725	16,316,965	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,192,942	384,462	2,808,480	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	194,087,057	13,403,526	180,683,531	0	0	200.00
201.00		Less Observation Beds	3,192,942	384,462	2,808,480	0	0	201.00
202.00		Total (line 200 minus line 201)	190,894,115	13,019,064	177,875,051	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	61,840,139	241,561,266	0.256002	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,152,216	22,356,593	0.409374	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,672,338	100,999,630	0.194776	54.00
57.00	05700 CT SCAN	2,538,246	49,407,088	0.051374	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	518,891	806,029	0.643762	58.00
59.00	05900 CARDIAC CATHETERIZATION	12,900,978	61,733,531	0.208978	59.00
60.00	06000 LABORATORY	17,677,234	85,781,429	0.206073	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	60.01
65.00	06500 RESPIRATORY THERAPY	4,249,203	28,652,326	0.148302	65.00
66.00	06600 PHYSICAL THERAPY	4,312,924	10,463,640	0.412182	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	1,174,031	3,545,319	0.331150	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	551,816	980,547	0.562763	66.10
67.00	06700 OCCUPATIONAL THERAPY	1,699,504	4,484,459	0.378976	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	365,412	621,387	0.588059	67.10
68.00	06800 SPEECH PATHOLOGY	868,783	2,906,073	0.298954	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	286,801	686,619	0.417700	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	222,918	1,220,157	0.182696	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,973,946	1,345,039	5.928412	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,482,997	109,714,409	0.204923	73.00
76.00	03020 CARDIOLOGY	1,784,220	10,374,733	0.171977	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	215,468	0	0.000000	90.00
90.10	09001 FAMILY PRACTICE CLINIC	691,192	0	0.000000	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	1,039,297	1,259,512	0.825158	90.30
90.50	09004 SLEEP DISORDERS CLINIC	876,871	3,381,433	0.259319	90.50
91.00	09100 EMERGENCY	17,798,690	42,784,357	0.416009	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,192,942	8,884,381	0.359388	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	194,087,057	793,949,957		200.00
201.00	Less Observation Beds	3,192,942	0		201.00
202.00	Total (line 200 minus line 201)	190,894,115	793,949,957		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 3/28/2013 4:42 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	03000	ADULTS & PEDIATRICS	7,337,647	0	7,337,647	76,457	95.97	30.00
32.00	03200	CORONARY CARE UNIT	560,199		560,199	6,818	82.16	32.00
41.00	04100	SUBPROVIDER - IRF	675,888	0	675,888	3,966	170.42	41.00
43.00	04300	NURSERY	562,962		562,962	13,908	40.48	43.00
200.00		Total (lines 30-199)	9,136,696		9,136,696	101,149		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 3/28/2013 4:42 pm
Cost Center Description			Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
			6.00	7.00	
Title XVIII Hospital PPS					
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	28,299	2,715,855	30.00
32.00	03200	CORONARY CARE UNIT	2,016	165,635	32.00
41.00	04100	SUBPROVIDER - IRF	1,973	336,239	41.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	32,288	3,217,729	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,037,262	241,561,266	0.012573	56,645,748	712,207	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,349,972	22,356,593	0.060384	130,285	7,867	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,825,595	100,999,630	0.018075	16,286,190	294,373	54.00
57.00	05700	CT SCAN	121,562	49,407,088	0.002460	5,615,651	13,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,513	806,029	0.035375	439,183	15,536	58.00
59.00	05900	CARDIAC CATHETERIZATION	674,623	61,733,531	0.010928	12,561,122	137,268	59.00
60.00	06000	LABORATORY	823,428	85,781,429	0.009599	21,056,506	202,121	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	282,767	28,652,326	0.009869	8,235,390	81,275	65.00
66.00	06600	PHYSICAL THERAPY	455,432	10,463,640	0.043525	2,182,717	95,003	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	79,312	3,545,319	0.022371	436	10	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	81,494	980,547	0.083111	799	66	66.10
67.00	06700	OCCUPATIONAL THERAPY	203,720	4,484,459	0.045428	810,991	36,842	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	84,269	621,387	0.135614	256	35	67.10
68.00	06800	SPEECH PATHOLOGY	25,039	2,906,073	0.008616	318,404	2,743	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	42,306	686,619	0.061615	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	26,828	1,220,157	0.021987	107,722	2,368	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,352,309	1,345,039	1.005405	329,183	330,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,077	109,714,409	0.003045	28,581,260	87,030	73.00
76.00	03020	CARDIOLOGY	285,877	10,374,733	0.027555	2,670,802	73,594	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,347	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	336,126	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	41,201	1,259,512	0.032712	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	43,280	3,381,433	0.012799	0	0	90.50
91.00	09100	EMERGENCY	1,481,725	42,784,357	0.034632	9,532,009	330,113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	384,462	8,884,381	0.043274	0	0	92.00
200.00		Total (lines 50-199)	13,403,526	793,949,957		165,504,654	2,423,228	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description			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	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	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: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 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)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,457	0.00	28,299	0	0	30.00
32.00	03200	CORONARY CARE UNIT	6,818	0.00	2,016	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	3,966	0.00	1,973	0	0	41.00
43.00	04300	NURSERY	13,908	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	101,149		32,288	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
41.00	04100	SUBPROVIDER - I RF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
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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	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	183,254	0	0	183,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	183,254	0	0	183,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	241,561,266	0.000000	0.000000	56,645,748	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,356,593	0.000000	0.000000	130,285	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100,999,630	0.000000	0.000000	16,286,190	54.00
57.00	05700	CT SCAN	0	49,407,088	0.000000	0.000000	5,615,651	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	806,029	0.000000	0.000000	439,183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,733,531	0.000000	0.000000	12,561,122	59.00
60.00	06000	LABORATORY	0	85,781,429	0.000000	0.000000	21,056,506	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	28,652,326	0.000000	0.000000	8,235,390	65.00
66.00	06600	PHYSICAL THERAPY	0	10,463,640	0.000000	0.000000	2,182,717	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	3,545,319	0.000000	0.000000	436	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	980,547	0.000000	0.000000	799	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	4,484,459	0.000000	0.000000	810,991	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	621,387	0.000000	0.000000	256	67.10
68.00	06800	SPEECH PATHOLOGY	0	2,906,073	0.000000	0.000000	318,404	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	686,619	0.000000	0.000000	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,220,157	0.000000	0.000000	107,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,345,039	0.000000	0.000000	329,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,714,409	0.000000	0.000000	28,581,260	73.00
76.00	03020	CARDIOLOGY	0	10,374,733	0.000000	0.000000	2,670,802	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,259,512	0.000000	0.000000	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,381,433	0.000000	0.000000	0	90.50
91.00	09100	EMERGENCY	183,254	42,784,357	0.004283	0.004283	9,532,009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	183,254	793,949,957			165,504,654	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,043,807	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,368	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,740,496	0	0	0	54.00
57.00	05700	CT SCAN	0	7,348,481	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,466	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,866,388	0	0	0	59.00
60.00	06000	LABORATORY	0	5,723,881	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	657,717	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	776,719	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	739,924	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	259,058	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	133,864	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	54,972	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	140,970	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	116,120	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,471	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,316,869	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	1,045,096	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	539,181	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	40,826	5,814,938	24,905	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,094,942	0	0	0	92.00
200.00		Total (lines 50-199)	40,826	80,463,728	24,905	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0		66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0		66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0		67.10
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0		68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	03020	CARDIOLOGY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0		90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0		90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0		90.50
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.256002	18,043,807	0	0	4,619,251	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	9,368	0	0	3,835	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194776	18,740,496	0	0	3,650,199	54.00
57.00	05700	CT SCAN	0.051374	7,348,481	0	0	377,521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	21,466	0	0	13,819	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	12,866,388	0	0	2,688,792	59.00
60.00	06000	LABORATORY	0.206073	5,723,881	0	0	1,179,537	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	657,717	0	0	97,541	65.00
66.00	06600	PHYSICAL THERAPY	0.412182	776,719	0	0	320,150	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	739,924	0	0	245,026	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	259,058	0	0	145,788	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	133,864	0	0	50,731	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	54,972	0	0	16,434	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	140,970	0	0	58,883	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	116,120	0	0	21,215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	19,471	0	0	115,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204923	6,316,869	0	0	1,294,472	73.00
76.00	03020	CARDIOLOGY	0.171977	1,045,096	0	0	179,732	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	539,181	0	0	444,910	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.259319	0	0	0	0	90.50
91.00	09100	EMERGENCY	0.416009	5,814,938	0	0	2,419,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	1,094,942	0	0	393,509	92.00
200.00		Subtotal (see instructions)		80,463,728	0	0	18,335,844	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		80,463,728	0	0	18,335,844	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 RADIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058 Component CCN: 15T058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 3/28/2013 4:42 pm		
				Title XVIIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,037,262	241,561,266	0.012573	37,921	477	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,349,972	22,356,593	0.060384	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,825,595	100,999,630	0.018075	93,964	1,698	54.00
57.00	05700	CT SCAN	121,562	49,407,088	0.002460	78,025	192	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,513	806,029	0.035375	8,917	315	58.00
59.00	05900	CARDIAC CATHETERIZATION	674,623	61,733,531	0.010928	0	0	59.00
60.00	06000	LABORATORY	823,428	85,781,429	0.009599	906,284	8,699	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	282,767	28,652,326	0.009869	80,279	792	65.00
66.00	06600	PHYSICAL THERAPY	455,432	10,463,640	0.043525	575,015	25,028	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	79,312	3,545,319	0.022371	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	81,494	980,547	0.083111	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	203,720	4,484,459	0.045428	560,430	25,459	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	84,269	621,387	0.135614	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	25,039	2,906,073	0.008616	290,203	2,500	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	42,306	686,619	0.061615	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	26,828	1,220,157	0.021987	2,569	56	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,352,309	1,345,039	1.005405	28,558	28,712	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,077	109,714,409	0.003045	1,785,275	5,436	73.00
76.00	03020	CARDIOLOGY	285,877	10,374,733	0.027555	21,434	591	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,347	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	336,126	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	41,201	1,259,512	0.032712	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	43,280	3,381,433	0.012799	0	0	90.50
91.00	09100	EMERGENCY	1,481,725	42,784,357	0.034632	121,140	4,195	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0	0	92.00
200.00		Total (lines 50-199)	13,019,064	793,949,957		4,590,014	104,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	183,254	183,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	183,254	183,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	241,561,266	0.000000	0.000000	37,921	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	22,356,593	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	100,999,630	0.000000	0.000000	93,964	54.00
57.00 05700 CT SCAN	0	49,407,088	0.000000	0.000000	78,025	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	806,029	0.000000	0.000000	8,917	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	61,733,531	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	85,781,429	0.000000	0.000000	906,284	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	28,652,326	0.000000	0.000000	80,279	65.00
66.00 06600 PHYSICAL THERAPY	0	10,463,640	0.000000	0.000000	575,015	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	3,545,319	0.000000	0.000000	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	980,547	0.000000	0.000000	0	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	4,484,459	0.000000	0.000000	560,430	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	621,387	0.000000	0.000000	0	67.10
68.00 06800 SPEECH PATHOLOGY	0	2,906,073	0.000000	0.000000	290,203	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	686,619	0.000000	0.000000	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,220,157	0.000000	0.000000	2,569	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,345,039	0.000000	0.000000	28,558	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	109,714,409	0.000000	0.000000	1,785,275	73.00
76.00 03020 CARDIOLOGY	0	10,374,733	0.000000	0.000000	21,434	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,259,512	0.000000	0.000000	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	3,381,433	0.000000	0.000000	0	90.50
91.00 09100 EMERGENCY	183,254	42,784,357	0.004283	0.004283	121,140	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	183,254	793,949,957			4,590,014	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	519	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	519	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,337,647	0	7,337,647	76,457	95.97	30.00
32.00	03200	CORONARY CARE UNIT	560,199		560,199	6,818	82.16	32.00
41.00	04100	SUBPROVIDER - IRF	675,888	0	675,888	3,966	170.42	41.00
43.00	04300	NURSERY	562,962		562,962	13,908	40.48	43.00
200.00		Total (lines 30-199)	9,136,696		9,136,696	101,149		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 3/28/2013 4:42 pm
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	03000	ADULTS & PEDIATRICS	7,613	730,620	30.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	392	66,805	41.00
43.00	04300	NURSERY	864	34,975	43.00
200.00		Total (lines 30-199)	8,869	832,400	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,037,262	241,561,266	0.012573	9,358,813	117,668	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,349,972	22,356,593	0.060384	10,786,917	651,357	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,825,595	100,999,630	0.018075	4,208,556	76,070	54.00
57.00	05700	CT SCAN	121,562	49,407,088	0.002460	1,936,712	4,764	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,513	806,029	0.035375	185,432	6,560	58.00
59.00	05900	CARDIAC CATHETERIZATION	674,623	61,733,531	0.010928	945,376	10,331	59.00
60.00	06000	LABORATORY	823,428	85,781,429	0.009599	10,990,487	105,498	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	282,767	28,652,326	0.009869	6,898,070	68,077	65.00
66.00	06600	PHYSICAL THERAPY	455,432	10,463,640	0.043525	563,147	24,511	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	79,312	3,545,319	0.022371	544	12	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	81,494	980,547	0.083111	2,533	211	66.10
67.00	06700	OCCUPATIONAL THERAPY	203,720	4,484,459	0.045428	183,793	8,349	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	84,269	621,387	0.135614	1,308	177	67.10
68.00	06800	SPEECH PATHOLOGY	25,039	2,906,073	0.008616	119,725	1,032	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	42,306	686,619	0.061615	979	60	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	26,828	1,220,157	0.021987	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,352,309	1,345,039	1.005405	108,624	109,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,077	109,714,409	0.003045	15,074,982	45,903	73.00
76.00	03020	CARDIOLOGY	285,877	10,374,733	0.027555	648,710	17,875	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,347	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	336,126	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	41,201	1,259,512	0.032712	33,426	1,093	90.30
90.50	09004	SLEEP DISORDERS CLINIC	43,280	3,381,433	0.012799	0	0	90.50
91.00	09100	EMERGENCY	1,481,725	42,784,357	0.034632	2,484,150	86,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	384,462	8,884,381	0.043274	0	0	92.00
200.00		Total (lines 50-199)	13,403,526	793,949,957		64,532,284	1,334,790	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description			Title XIX		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	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00	
43.00	04300	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: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 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)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,457	0.00	7,613	0	0	30.00
32.00	03200	CORONARY CARE UNIT	6,818	0.00	0	0	0	32.00
41.00	04100	SUBPROVIDER - IRF	3,966	0.00	392	0	0	41.00
43.00	04300	NURSERY	13,908	0.00	864	0	0	43.00
200.00		Total (lines 30-199)	101,149		8,869	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description			PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XIX	Hospital	PPS
			12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
41.00	04100	SUBPROVIDER - I RF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Title XIX				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	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	183,254	0	183,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	183,254	0	183,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	241,561,266	0.000000	0.000000	9,358,813	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,356,593	0.000000	0.000000	10,786,917	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	100,999,630	0.000000	0.000000	4,208,556	54.00
57.00	05700	CT SCAN	0	49,407,088	0.000000	0.000000	1,936,712	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	806,029	0.000000	0.000000	185,432	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	61,733,531	0.000000	0.000000	945,376	59.00
60.00	06000	LABORATORY	0	85,781,429	0.000000	0.000000	10,990,487	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	28,652,326	0.000000	0.000000	6,898,070	65.00
66.00	06600	PHYSICAL THERAPY	0	10,463,640	0.000000	0.000000	563,147	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	3,545,319	0.000000	0.000000	544	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	980,547	0.000000	0.000000	2,533	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	4,484,459	0.000000	0.000000	183,793	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	621,387	0.000000	0.000000	1,308	67.10
68.00	06800	SPEECH PATHOLOGY	0	2,906,073	0.000000	0.000000	119,725	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	686,619	0.000000	0.000000	979	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,220,157	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,345,039	0.000000	0.000000	108,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,714,409	0.000000	0.000000	15,074,982	73.00
76.00	03020	CARDIOLOGY	0	10,374,733	0.000000	0.000000	648,710	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	1,259,512	0.000000	0.000000	33,426	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	3,381,433	0.000000	0.000000	0	90.50
91.00	09100	EMERGENCY	183,254	42,784,357	0.004283	0.004283	2,484,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	183,254	793,949,957			64,532,284	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description			Title XIX			Hospital		PPS
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100	EMERGENCY	10,640	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	10,640	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150058

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

Worksheet D
Part IV
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Title XIX		Hospital	PPS
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150058 Component CCN: 15T058		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 3/28/2013 4:42 pm		
				Title XIX		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,037,262	241,561,266	0.012573	28,287	356	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,349,972	22,356,593	0.060384	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,825,595	100,999,630	0.018075	32,178	582	54.00
57.00	05700	CT SCAN	121,562	49,407,088	0.002460	1,148	3	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	28,513	806,029	0.035375	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	674,623	61,733,531	0.010928	0	0	59.00
60.00	06000	LABORATORY	823,428	85,781,429	0.009599	35,794	344	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	282,767	28,652,326	0.009869	8,378	83	65.00
66.00	06600	PHYSICAL THERAPY	455,432	10,463,640	0.043525	116,364	5,065	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	79,312	3,545,319	0.022371	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	81,494	980,547	0.083111	323	27	66.10
67.00	06700	OCCUPATIONAL THERAPY	203,720	4,484,459	0.045428	107,424	4,880	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	84,269	621,387	0.135614	323	44	67.10
68.00	06800	SPEECH PATHOLOGY	25,039	2,906,073	0.008616	90,679	781	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	42,306	686,619	0.061615	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	26,828	1,220,157	0.021987	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,352,309	1,345,039	1.005405	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,077	109,714,409	0.003045	154,404	470	73.00
76.00	03020	CARDIOLOGY	285,877	10,374,733	0.027555	412	11	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,347	0	0.000000	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	336,126	0	0.000000	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	41,201	1,259,512	0.032712	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	43,280	3,381,433	0.012799	0	0	90.50
91.00	09100	EMERGENCY	1,481,725	42,784,357	0.034632	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0	0	92.00
200.00		Total (lines 50-199)	13,019,064	793,949,957		575,714	12,646	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0	0	0	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0	0	0	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	67.10
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0	0	0	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0	0	0	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0	0	0	0	90.50
91.00	09100	EMERGENCY	0	0	183,254	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	183,254	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	241,561,266	0.000000	0.000000	28,287	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	22,356,593	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	100,999,630	0.000000	0.000000	32,178	54.00
57.00 05700 CT SCAN	0	49,407,088	0.000000	0.000000	1,148	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	806,029	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	61,733,531	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	85,781,429	0.000000	0.000000	35,794	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	28,652,326	0.000000	0.000000	8,378	65.00
66.00 06600 PHYSICAL THERAPY	0	10,463,640	0.000000	0.000000	116,364	66.00
66.01 06602 PHYSICAL THERAPY EAST BANK	0	3,545,319	0.000000	0.000000	0	66.01
66.10 06601 PHYSICAL THERAPY LIVING CENTER	0	980,547	0.000000	0.000000	323	66.10
67.00 06700 OCCUPATIONAL THERAPY	0	4,484,459	0.000000	0.000000	107,424	67.00
67.10 06701 OCCUPATIONAL THERAPY LIVING CENTER	0	621,387	0.000000	0.000000	323	67.10
68.00 06800 SPEECH PATHOLOGY	0	2,906,073	0.000000	0.000000	90,679	68.00
68.10 06801 SPEECH THERAPY LIVING CENTER	0	686,619	0.000000	0.000000	0	68.10
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,220,157	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,345,039	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	109,714,409	0.000000	0.000000	154,404	73.00
76.00 03020 RADIOLOGY	0	10,374,733	0.000000	0.000000	412	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.10 09001 FAMILY PRACTICE CLINIC	0	0	0.000000	0.000000	0	90.10
90.30 09002 HEMATOLOGY ONCOLOGY CLINIC	0	1,259,512	0.000000	0.000000	0	90.30
90.50 09004 SLEEP DISORDERS CLINIC	0	3,381,433	0.000000	0.000000	0	90.50
91.00 09100 EMERGENCY	183,254	42,784,357	0.004283	0.004283	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,884,381	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	183,254	793,949,957			575,714	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	0	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	0	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	0	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	0	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	0	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	0	0	0	90.50
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 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: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2013 4:42 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06602 PHYSICAL THERAPY EAST BANK	0	0	66.01
66.10	06601 PHYSICAL THERAPY LIVING CENTER	0	0	66.10
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
67.10	06701 OCCUPATIONAL THERAPY LIVING CENTER	0	0	67.10
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.10	06801 SPEECH THERAPY LIVING CENTER	0	0	68.10
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 CARDIOLOGY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.10	09001 FAMILY PRACTICE CLINIC	0	0	90.10
90.30	09002 HEMATOLOGY ONCOLOGY CLINIC	0	0	90.30
90.50	09004 SLEEP DISORDERS CLINIC	0	0	90.50
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/28/2013 4:42 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)		76,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		76,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		43,134	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		29,317	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)		28,299	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)		60,939,063	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)		60,939,063	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		163,309,329	28.00
29.00	Private room charges (excluding swing-bed charges)		98,979,457	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		64,329,872	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.373151	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,294.70	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,194.29	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		100.41	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		37.47	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,616,231	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		59,322,832	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)		797.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,555,435	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)		22,555,435	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 pm	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT	9,409,141	6,818	1,380.04	2,016	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)				40,222,436	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				65,560,032	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,881,490	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,464,054	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				5,345,544	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				60,214,488	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)				4,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				797.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,192,942	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 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	7,337,647	60,939,063	0.120410	3,192,942	384,462	90.00
91.00	Nursing School cost	0	60,939,063	0.000000	3,192,942	0	91.00
92.00	Allied health cost	0	60,939,063	0.000000	3,192,942	0	92.00
93.00	All other Medical Education	0	60,939,063	0.000000	3,192,942	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,966	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,966	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		2,177	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,789	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)		1,973	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)		3,647,731	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)		3,647,731	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,182,078	28.00
29.00	Private room charges (excluding swing-bed charges)		4,622,072	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,560,006	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.445820	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,123.14	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,989.94	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		133.20	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		59.38	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		129,270	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,518,461	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)		919.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,814,667	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)		1,814,667	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
					Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)						1,365,593	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,180,260	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)						336,239	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						104,669	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						440,908	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,739,352	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: 150058 Component CCN: 15T058		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,888	3,647,731	0.185290	0	0	90.00
91.00	Nursing School cost	0	3,647,731	0.000000	0	0	91.00
92.00	Allied health cost	0	3,647,731	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,647,731	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 3/28/2013 4:42 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)		76,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		76,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		72,451	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,613	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)		13,908	15.00
16.00	Nursery days (title V or XIX only)		864	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)		60,939,063	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)		60,939,063	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)		60,939,063	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)		797.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,067,866	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)		6,067,866	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	10,587,653	13,908	761.26	864	657,729	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	9,409,141	6,818	1,380.04	0	0	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)					16,622,249	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					23,347,844	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)					765,595	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,345,430	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,111,025	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,236,819	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)					4,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					797.04	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,192,942	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,337,647	60,939,063	0.120410	3,192,942	384,462	90.00
91.00	Nursing School cost	0	60,939,063	0.000000	3,192,942	0	91.00
92.00	Allied health cost	0	60,939,063	0.000000	3,192,942	0	92.00
93.00	All other Medical Education	0	60,939,063	0.000000	3,192,942	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,966	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,966	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,966	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)		392	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)		13,908	15.00
16.00	Nursery days (title V or XIX only)		864	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)		3,647,731	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)		3,647,731	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)		3,647,731	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)		919.75	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		360,542	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)		360,542	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
					Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT							43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)						170,559	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						531,101	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)						66,805	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						12,646	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						79,451	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						451,650	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: 150058 Component CCN: 15T058		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 3/28/2013 4:42 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	675,888	3,647,731	0.185290	0	0	90.00
91.00	Nursing School cost	0	3,647,731	0.000000	0	0	91.00
92.00	Allied health cost	0	3,647,731	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,647,731	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 3/28/2013 4:42 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	03000	ADULTS & PEDIATRICS		57,726,421	30.00
32.00	03200	CORONARY CARE UNIT		8,250,226	32.00
41.00	04100	SUBPROVIDER - IRF		48,434	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.257638	56,645,748	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	130,285	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195554	16,286,190	54.00
57.00	05700	CT SCAN	0.051374	5,615,651	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	439,183	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	12,561,122	59.00
60.00	06000	LABORATORY	0.206073	21,056,506	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	8,235,390	65.00
66.00	06600	PHYSICAL THERAPY	0.415639	2,182,717	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	436	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	799	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	810,991	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	256	67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	318,404	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	107,722	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	329,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205133	28,581,260	73.00
76.00	03020	CARDIOLOGY	0.171977	2,670,802	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.262270	0	90.50
91.00	09100	EMERGENCY	0.422729	9,532,009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		165,504,654	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		165,504,654	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		73,942	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		2,782,967	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.257638	37,921	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195554	93,964	54.00
57.00	05700	CT SCAN	0.051374	78,025	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	8,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	0	59.00
60.00	06000	LABORATORY	0.206073	906,284	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	80,279	65.00
66.00	06600	PHYSICAL THERAPY	0.415639	575,015	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	0	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	560,430	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	0	67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	290,203	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	2,569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	28,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205133	1,785,275	73.00
76.00	03020	CARDIOLOGY	0.171977	21,434	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.262270	0	90.50
91.00	09100	EMERGENCY	0.422729	121,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,590,014	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,590,014	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 3/28/2013 4:42 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	03000	ADULTS & PEDIATRICS		20,508,384	30.00
32.00	03200	CORONARY CARE UNIT		6,015,854	32.00
41.00	04100	SUBPROVIDER - IRF		21,384	41.00
43.00	04300	NURSERY		13,738,284	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.257638	9,358,813	2,411,186 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	10,786,917	4,415,883 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195554	4,208,556	823,000 54.00
57.00	05700	CT SCAN	0.051374	1,936,712	99,497 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	185,432	119,374 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	945,376	197,563 59.00
60.00	06000	LABORATORY	0.206073	10,990,487	2,264,843 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	6,898,070	1,022,998 65.00
66.00	06600	PHYSICAL THERAPY	0.415639	563,147	234,066 66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	544	180 66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	2,533	1,425 66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	183,793	69,653 67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	1,308	769 67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	119,725	35,792 68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	979	409 68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	108,624	643,968 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205133	15,074,982	3,092,376 73.00
76.00	03020	CARDIOLOGY	0.171977	648,710	111,563 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	0 90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	33,426	27,582 90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.262270	0	0 90.50
91.00	09100	EMERGENCY	0.422729	2,484,150	1,050,122 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		64,532,284	16,622,249 200.00
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)		64,532,284	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T058		Date/Time Prepared: 3/28/2013 4:42 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,550	30.00
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		653,702	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.257638	28,287	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409374	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195554	32,178	54.00
57.00	05700	CT SCAN	0.051374	1,148	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.643762	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.208978	0	59.00
60.00	06000	LABORATORY	0.206073	35,794	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148302	8,378	65.00
66.00	06600	PHYSICAL THERAPY	0.415639	116,364	66.00
66.01	06602	PHYSICAL THERAPY EAST BANK	0.331150	0	66.01
66.10	06601	PHYSICAL THERAPY LIVING CENTER	0.562763	323	66.10
67.00	06700	OCCUPATIONAL THERAPY	0.378976	107,424	67.00
67.10	06701	OCCUPATIONAL THERAPY LIVING CENTER	0.588059	323	67.10
68.00	06800	SPEECH PATHOLOGY	0.298954	90,679	68.00
68.10	06801	SPEECH THERAPY LIVING CENTER	0.417700	0	68.10
70.00	07000	ELECTROENCEPHALOGRAPHY	0.182696	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5.928412	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205133	154,404	73.00
76.00	03020	CARDIOLOGY	0.171977	412	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.10	09001	FAMILY PRACTICE CLINIC	0.000000	0	90.10
90.30	09002	HEMATOLOGY ONCOLOGY CLINIC	0.825158	0	90.30
90.50	09004	SLEEP DISORDERS CLINIC	0.262270	0	90.50
91.00	09100	EMERGENCY	0.422729	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.359388	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		575,714	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		575,714	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		47,532,807	1.00
2.00	Outlier payments for discharges. (see instructions)		2,142,425	2.00
2.01	Outlier reconciliation amount		0	2.01
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)		440.02	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)		16.76	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.		1.51	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)		18.27	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		23.50	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)		18.27	12.00
13.00	Total allowable FTE count for the prior year.		16.76	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.		16.76	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.26	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		17.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.039225	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.050683	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039225	21.00
22.00	IME payment adjustment (see instructions)		1,007,791	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)		5.23	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)		1,007,791	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.16	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		26.92	31.00
32.00	Sum of lines 30 and 31		30.08	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.88	33.00
34.00	Disproportionate share adjustment (see instructions)		7,072,882	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)		6,134	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)		57,755,905	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)		57,755,905	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,497,972	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).		961,259	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			40,826 58.00
59.00	Total (sum of amounts on lines 49 through 58)			63,255,962 59.00
60.00	Primary payer payments			65,247 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			63,190,715 61.00
62.00	Deductibles billed to program beneficiaries			5,101,380 62.00
63.00	Coinurance billed to program beneficiaries			334,984 63.00
64.00	Allowable bad debts (see instructions)			1,042,780 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			729,946 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			770,059 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			58,484,297 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 (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			0 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
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)			58,484,297 71.00
72.00	Interim payments			57,871,942 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)			612,355 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			4,075,958 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			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: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			18,310,939 2.00
3.00	PPS payments			19,184,837 3.00
4.00	Outlier payment (see instructions)			296,332 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			24,905 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			19,506,074 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,813,246 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)			15,692,828 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			256,599 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)			15,949,427 30.00
31.00	Primary payer payments			3,671 31.00
32.00	Subtotal (line 30 minus line 31)			15,945,756 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)			756,987 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			529,891 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			598,843 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			16,475,647 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			16,475,647 40.00
41.00	Interim payments			15,909,879 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)			565,768 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 3/28/2013 4:42 pm
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			0 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			0 40.00
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 3/28/2013 4:42 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058

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

Worksheet E-1
Part I
Date/Time Prepared:
3/28/2013 4:42 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		58,042,272		15,909,879	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		170,330		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)		-170,330		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		57,871,942		15,909,879	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		612,355		565,768	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		58,484,297		16,475,647	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150058
Component CCN: 15T058

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

Worksheet E-1
Part I
Date/Time Prepared:
3/28/2013 4:42 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,773,329		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,773,329		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,136		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,785,465		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150058 Component CCN: 15T058	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,398,604 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0229 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			128,807 3.00
4.00	Outlier Payments			286,967 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.865753 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,814,378 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,814,378 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,814,378 19.00
20.00	Deductibles			19,244 20.00
21.00	Subtotal (line 19 minus line 20)			2,795,134 21.00
22.00	Coinsurance			10,188 22.00
23.00	Subtotal (line 21 minus line 22)			2,784,946 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,784,946 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			519 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,785,465 32.00
33.00	Interim payments			2,773,329 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			12,136 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			286,967 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 3/28/2013 4:42 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.76	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			1.51	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			26.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			23.50	6.00
7.00	Enter the lesser of line 5 or line 6			23.50	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23.50	0.00	23.50	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	23.50	0.00	23.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	23.50	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.01	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.72	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.08	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	24.08	0.00		17.00
18.00	Per resident amount	108,982.14	103,196.51		18.00
19.00	Approved amount for resident costs	2,624,290	0	2,624,290	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,624,290	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	32,288	7,382		26.00
27.00	Total Inpatient Days (see instructions)	83,235	83,235		27.00
28.00	Ratio of inpatient days to total inpatient days	0.387914	0.088689		28.00
29.00	Program direct GME amount	1,017,999	232,746		29.00
30.00	Reduction for direct GME payments for Medicare managed care		32,887		30.00
31.00	Net Program direct GME amount			1,217,858	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		68,740,292	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		65,247	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		68,675,045	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		18,335,844	42.00
43.00	Primary payer payments (see instructions)		3,671	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,332,173	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		87,007,218	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.789303	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.210697	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,217,858	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		961,259	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		256,599	50.00

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

Provider CCN: 150058

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

Worksheet G

Date/Time Prepared:
3/28/2013 4:42 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	47,199,755	0	0	0	1.00
2.00	Temporary investments	6,095,562	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	83,694,663	0	0	0	4.00
5.00	Other receivable	598,831	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-20,392,941	0	0	0	6.00
7.00	Inventory	12,855,237	0	0	0	7.00
8.00	Prepaid expenses	972,016	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	4,482,854	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	131,023,123	4,482,854	0	0	11.00
FIXED ASSETS						
12.00	Land	20,604,861	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	338,103,235	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	223,975,294	0	0	0	23.00
24.00	Accumulated depreciation	-282,537,029	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)	300,146,361	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	227,115,544	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	8,458,916	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	235,574,460	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	666,743,944	4,482,854	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	41,760,203	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,621,292	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	527,627	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	-2,579,859	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	44,329,263	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	179,546,412	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	179,546,412	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	223,875,675	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	442,868,269	0	0	0	52.00
53.00	Specific purpose fund	0	4,482,854	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	442,868,269	4,482,854	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	666,743,944	4,482,854	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150058

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

Worksheet G-1

Date/Time Prepared:
3/28/2013 4:42 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		414,391,941		3,738,854		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		54,691,328				2.00
3.00	Total (sum of line 1 and line 2)		469,083,269		3,738,854		3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION	177,000		744,000		0	4.00
5.00	CHANGE IN INTEREST IN RECIP ORGAN	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		177,000		744,000		10.00
11.00	Subtotal (line 3 plus line 10)		469,260,269		4,482,854		11.00
12.00	TRANSFERRED TO MEM HLTH SYSTEM	26,392,000		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		26,392,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		442,868,269		4,482,854		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150058

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

Worksheet G-1

Date/Time Prepared:
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	Endowment Fund	Plant Fund			
		6.00	7.00		
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION		0		4.00
5.00	CHANGE IN INTEREST IN RECIP ORGAN		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	TRANSFERRED TO MEM HLTH SYSTEM		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150058

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
3/28/2013 4:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	163,309,329		163,309,329	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	8,182,078		8,182,078	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)	171,491,407		171,491,407	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	26,248,230		26,248,230	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)	26,248,230		26,248,230	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	197,739,637		197,739,637	17.00
18.00	Ancillary services	461,477,591	352,214,780	813,692,371	18.00
19.00	Outpatient services	0	7,522,796	7,522,796	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)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	659,217,228	359,737,576	1,018,954,804	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		373,014,405		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		373,014,405		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150058

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,018,954,804	1.00
2.00	Less contractual allowances and discounts on patients' accounts	617,091,701	2.00
3.00	Net patient revenues (line 1 minus line 2)	401,863,103	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	373,014,405	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,848,698	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,151,668	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	68,399	10.00
11.00	Rebates and refunds of expenses	865,129	11.00
12.00	Parking lot receipts	177,416	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	865,129	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	1,534,988	23.00
24.00	OTHER (SPECIFY)	18,179,901	24.00
25.00	Total other income (sum of lines 6-24)	25,842,630	25.00
26.00	Total (line 5 plus line 25)	54,691,328	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	54,691,328	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150058	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 3/28/2013 4:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,906,702	1.00
2.00	Capital DRG outlier payments		258,419	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		220.26	3.00
4.00	Number of interns & residents (see instructions)		17.26	4.00
5.00	Indirect medical education percentage (see instructions)		2.24	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		87,510	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.16	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		26.92	8.00
9.00	Sum of lines 7 and 8		30.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.28	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		245,341	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,497,972	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