

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: 150046 Period: From 09/01/2010 To 08/31/2011 Worksheet 5 Parts I-III Date/Time Prepared: 2/8/2012 12:39 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/8/2012 Time: 12:39 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	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	55,569	116,119	0	-562,814	1.00
2.00 Subprovider - IPF	0	51,046	-75		0	2.00
3.00 Subprovider - IRF	0	20,467	-87		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 Skilled Nursing Facility	0	0	0		0	7.00
8.00 Nursing Facility	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	127,082	115,957	0	-562,814	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.

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: 150046

Period: From 09/01/2010 To 08/31/2011

Worksheet 5 Parts I-III Date/Time Prepared: 2/8/2012 12:39 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 2/8/2012 Time: 12:39 pm

Contractor use only

5. 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. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by TERRE HAUTE REGIONAL HOSPITAL for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 2/8/2012 Time: 12:39 pm

Xw74jIVBRURy6RzVdAxsrc5kqDk180

Q8MJs0DMGG7RHvzcrFXTPgmKk1k4hg

3R:w1hMorn0LkiBu

PI: Date: 2/8/2012 Time: 12:39 pm

xwxa:OwKeHvy5KlI8byRifu2ez03R1

7L5G80oug763bsoxa2tm5qvCgrt07b

nVI8jtWomH00z1cy

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title v	Title xviii		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	55,569	116,119	0	-562,911 1.00
2.00	Subprovider - IPF	0	51,046	-75	0	2.00
3.00	Subprovider - IRF	0	20,467	-87	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	4.00
5.00	Swing bed - SNF	0	0	0	0	5.00
6.00	Swing bed - NF	0	0	0	0	6.00
7.00	Skilled Nursing Facility	0	0	0	0	7.00
8.00	Nursing Facility	0	0	0	0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	11.00
12.00	CMHC I	0	0	0	0	12.00
200.00	Total	0	127,082	115,957	0	-562,911 200.00

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: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/13/2012 12:30 pm
---	--	----------------------	---	--

1.00	2.00		3.00		4.00				1.00
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 3901 HOSPITAL LANE			PO Box:		Date Certified:		1.00	
2.00	City: TERRE HAUTE		State: IN		Zip Code: 47802		County: VIGO		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
						V	XVIII	XIX			
						1.00	2.00	3.00		4.00	5.00
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	TERRE HAUTE REGIONAL HOSPITAL		150046	45460	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	TERRE HAUTE PSYCHIATRIC UNIT		15S046	45460	4	09/01/1991	N	P	O	4.00
5.00	Subprovider - IRF	TERRE HAUTE REHAB UNIT		15T046	45460	5	09/01/2006	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N	N	N	10.00
11.00	Hospital-Based OLTG										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	09/01/2010	08/31/2011	20.00
21.00	Type of Control (see instructions)	4		21.00

22.00	Inpatient PPS Information	Y	N	22.00
23.00	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. Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,869	555	85	84	2,091	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	36	103	0	0	0	0	25.00

		1.00	
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
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.		1
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/13/2012 12:30 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N	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)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 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 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	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
							1.00 2.00 3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					N	N 0	71.00
75.00	Inpatient Rehabilitation Facility PPS 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	
80.00	Long Term Care Hospital PPS Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.						N	80.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/13/2012 12:30 pm
---	--	----------------------	---	--

				1.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	10,000,000		100,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 2/13/2012 12:30 pm			
		1.00		2.00			
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		44H070		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: HOSPITAL CORP. OF AMERICA	Contractor's Name: CAHABA		Contractor's Number: 10301		141.00	
142.00	Street: ONE PARK PLAZA	PO Box:				142.00	
143.00	City: NASHVILLE	State: TN	Zip Code: 37203			143.00	
				1.00			
144.00	Are provider based physicians' costs included in worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
				1.00		2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	Subprovider - Other	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HHA	N		N		160.00	
161.00	CMHC			N		161.00	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0.00
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

		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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N	12/06/2011	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	12/06/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

	Description	Part A			
		Y/N	Date		
	0	1.00	2.00		
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N			21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	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.				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.	Y			35.00
		Y/N	Date		
		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.	Y	12/31/2011		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N	12/06/2011	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	12/06/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Available		
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	56,940	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		156	56,940	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		172	62,780	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC	99.00				25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		200			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	11,973	2,454	19,898		1.00
2.00 HMO		815	2,091			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	11,973	2,454	19,898		7.00
8.00 INTENSIVE CARE UNIT	0	2,112	0	3,239		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	1,610		13.00
14.00 Total (see instructions)	0	14,085	2,454	24,747		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,923	0	4,174		16.00
17.00 SUBPROVIDER - IRF	0	3,058	139	3,579		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)	0					27.00
28.00 Observation Bed Days	0		831	2,586		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			139	207		32.00
33.00 LTCH non-covered days		0				33.00

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,532	1.00
2.00 HMO					151	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	612.99	0.00	0	2,532	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	24.86	0.00	0	275	16.00
17.00 SUBPROVIDER - IRF	0.00	19.69	0.00	0	227	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	657.54	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
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

Cost Center Description	Discharges		
	Title XIX	Total All Patients	
	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,612	5,267	1.00
2.00 HMO			2.00
3.00 HMO IPF			3.00
4.00 HMO IRF			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF			5.00
6.00 Hospital Adults & Peds. Swing Bed NF			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)			7.00
8.00 INTENSIVE CARE UNIT			8.00
9.00 CORONARY CARE UNIT			9.00
10.00 BURN INTENSIVE CARE UNIT			10.00
11.00 SURGICAL INTENSIVE CARE UNIT			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)			12.00
13.00 NURSERY			13.00
14.00 Total (see instructions)	1,612	5,267	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	781	16.00
17.00 SUBPROVIDER - IRF	0	270	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		0	21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
25.10 CMHC - CORF			25.10
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
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

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	35,926,817	0	0	35,926,817 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0 3.00
4.00	Physician-Part A		0	0	0	0 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0 4.01
5.00	Physician-Part B		0	0	0	0 5.00
6.00	Non-physician-Part B		0	0	0	0 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0 7.01
8.00	Home office personnel		0	0	0	0 8.00
9.00	SNF	44.00	0	0	0	0 9.00
10.00	Excluded area salaries (see instructions)		2,651,505	0	0	2,651,505 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		625,867	0	0	625,867 11.00
12.00	Management and administrative services		0	0	0	0 12.00
13.00	Contract labor: physician-Part A		401,437	0	0	401,437 13.00
14.00	Home office salaries & wage-related costs		4,982,794	0	0	4,982,794 14.00
15.00	Home office: physician Part A		0	0	0	0 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		8,501,330	0	0	8,501,330 17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	0 18.00
19.00	Excluded areas		677,509	0	0	677,509 19.00
20.00	Non-physician anesthetist Part A		0	0	0	0 20.00
21.00	Non-physician anesthetist Part B		0	0	0	0 21.00
22.00	Physician Part A		0	0	0	0 22.00
23.00	Physician Part B		0	0	0	0 23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0 24.00
25.00	Interns & residents (in an approved program)		0	0	0	0 25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	394,528	0	0	394,528 26.00
27.00	Administrative & General	5.00	3,223,623	0	-159,018	3,064,605 27.00
28.00	Administrative & General under contract (see inst.)		117,211	0	0	117,211 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0 29.00
30.00	Operation of Plant	7.00	681,203	0	0	681,203 30.00
31.00	Laundry & Linen Service	8.00	35,882	0	0	35,882 31.00
32.00	Housekeeping	9.00	858,816	0	0	858,816 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0 33.00
34.00	Dietary	10.00	771,496	0	-397,740	373,756 34.00
35.00	Dietary under contract (see instructions)		344,066	0	0	344,066 35.00
36.00	Cafeteria	11.00	0	0	397,740	397,740 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0 37.00
38.00	Nursing Administration	13.00	444,882	0	159,018	603,900 38.00
39.00	Central Services and Supply	14.00	0	0	0	0 39.00
40.00	Pharmacy	15.00	0	0	0	0 40.00
41.00	Medical Records & Medical Records Library	16.00	411,373	0	0	411,373 41.00
42.00	Social Service	17.00	0	0	0	0 42.00
43.00	Other General Service	18.00	188,085	0	0	188,085 43.00

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 + col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,367,521.00	26.27	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	105,207.00	25.20	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	14,073.75	44.47	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	2,402.75	167.07	13.00
14.00	Home office salaries & wage-related costs	148,560.00	33.54	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	13,332.00	29.59	26.00
27.00	Administrative & General	84,640.00	36.21	27.00
28.00	Administrative & General under contract (see inst.)	505.00	232.10	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	26,567.00	25.64	30.00
31.00	Laundry & Linen Service	3,017.00	11.89	31.00
32.00	Housekeeping	68,423.00	12.55	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	30,381.00	12.30	34.00
35.00	Dietary under contract (see instructions)	10,128.00	33.97	35.00
36.00	Cafeteria	32,331.00	12.30	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	13,849.00	43.61	38.00
39.00	Central Services and Supply	0.00	0.00	39.00
40.00	Pharmacy	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	22,218.00	18.52	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	6,693.00	28.10	43.00

Provider CCN: 150046
Period: From 09/01/2010 To 08/31/2011
Worksheet S-3 Part III
Date/Time Prepared: 2/13/2012 12:30 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	36,388,094	0	0	36,388,094	1.00
2.00	Excluded area salaries (see instructions)	2,651,505	0	0	2,651,505	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,736,589	0	0	33,736,589	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,010,098	0	0	6,010,098	4.00
5.00	Subtotal wage-related costs (see inst.)	8,501,330	0	0	8,501,330	5.00
6.00	Total (sum of lines 3 thru 5)	48,248,017	0	0	48,248,017	6.00
7.00	Total overhead cost (see instructions)	7,471,165	0	0	7,471,165	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part III
Date/Time Prepared:
2/13/2012 12:30 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 + col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	1,378,154.00	26.40	1.00
2.00	Excluded area salaries (see instructions)	105,207.00	25.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,272,947.00	26.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	165,036.50	36.42	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	25.20	5.00
6.00	Total (sum of lines 3 thru 5)	1,437,983.50	33.55	6.00
7.00	Total overhead cost (see instructions)	312,084.00	23.94	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,111,042	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	108,480	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)	4,109,417	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	19,103	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	31,875	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)	823	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' compensation Insurance	199,531	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	2,024,993	17.00
18.00	Medicare Taxes - Employers Portion Only	473,456	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	331,809	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	90,801	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,501,330	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
2/13/2012 12:30 pm

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

		1.00		
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.213005	1.00	
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	6,976,507	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	66,456,361	6.00	
7.00	Medicaid cost (line 1 times line 6)	14,155,537	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)	7,179,030	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP	0	9.00	
10.00	Stand-alone SCHIP charges	0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00	
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00	
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,179,030	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	207,804	172,945	380,749
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	44,263	36,838	81,101
22.00	Partial payment by patients approved for charity care	205	1,731	1,936
23.00	Cost of charity care (line 21 minus line 22)	44,058	35,107	79,165
				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
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,524,738
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,021,471
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			5,503,267
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,172,223
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,251,388
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,430,418

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Salaries 1.00	Other 2.00	Total (col. 1 + col. 2) 3.00	Reclassifications (See A-6) 4.00	Reclassified Trial Balance (col. 3 + col. 4) 5.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		3,301,445	3,301,445	158,682	3,460,127	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		3,654,198	3,654,198	1,239,131	4,893,329	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	394,528	6,420,043	6,814,571	79,747	6,894,318	4.00
5.00 ADMINISTRATIVE & GENERAL	3,223,623	2,847,595	6,071,218	-376,744	5,694,474	5.00
7.00 OPERATION OF PLANT	681,203	2,370,973	3,052,176	-10,013	3,042,163	7.00
8.00 LAUNDRY & LINEN SERVICE	35,882	491,237	527,119	0	527,119	8.00
9.00 HOUSEKEEPING	858,816	351,732	1,210,548	-1,192	1,209,356	9.00
10.00 DIETARY	771,496	1,426,714	2,198,210	-1,134,386	1,063,824	10.00
11.00 CAFETERIA	0	0	0	1,132,090	1,132,090	11.00
13.00 NURSING ADMINISTRATION	444,882	297,983	742,865	-48,434	694,431	13.00
16.00 MEDICAL RECORDS & LIBRARY	411,373	273,282	684,655	-46,394	638,261	16.00
18.00 INSERVICE EDUCATION	188,085	66,551	254,636	-16,652	237,984	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,860,349	1,351,413	8,211,762	46,183	8,257,945	30.00
31.00 INTENSIVE CARE UNIT	2,054,538	579,103	2,633,641	-111,771	2,521,870	31.00
40.00 SUBPROVIDER - IPF	1,220,964	335,945	1,556,909	-2,448	1,554,461	40.00
41.00 SUBPROVIDER - IRF	1,067,559	494,524	1,562,083	-6,729	1,555,354	41.00
43.00 NURSERY	545,161	120,004	665,165	-50	665,115	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,123,304	2,894,862	6,018,166	-125,473	5,892,693	50.00
51.00 RECOVERY ROOM	506,230	78,537	584,767	0	584,767	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,115,851	269,688	1,385,539	-6,764	1,378,775	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	817,742	852,009	1,669,751	-84,070	1,585,681	54.00
54.01 ULTRASOUND	164,050	59,882	223,932	-108	223,824	54.01
54.02 MAMMOGRAPHY	197,067	117,549	314,616	-1,634	312,982	54.02
55.00 RADIOLOGY-THERAPEUTIC	532,247	660,405	1,192,652	-48,428	1,144,224	55.00
56.00 RADIOISOTOPE	174,165	615,216	789,381	0	789,381	56.00
57.00 CT SCAN	241,738	311,770	553,508	0	553,508	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	127,132	125,401	252,533	-95	252,438	58.00
59.00 CARDIAC CATHETERIZATION	634,433	371,420	1,005,853	7,925	1,013,778	59.00
60.00 LABORATORY	1,330,981	1,529,132	2,860,113	-149,478	2,710,635	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	958,278	958,278	0	958,278	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,096,461	364,850	1,461,311	-165,921	1,295,390	65.00
66.00 PHYSICAL THERAPY	1,271,423	466,301	1,737,724	-107,701	1,630,023	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	520,897	364,252	885,149	-3,732	881,417	69.00
70.00 ELECTROENCEPHALOGRAPHY	58,772	49,473	108,245	-2,364	105,881	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	232,700	5,095,872	5,328,572	297,887	5,626,459	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	5,409,691	5,409,691	-241,382	5,168,309	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,578,368	8,749,768	10,328,136	-128,461	10,199,675	73.00
74.00 RENAL DIALYSIS	538	550,869	551,407	0	551,407	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	0	63,051	63,051	0	63,051	76.00
76.01 ENDOSCOPY	843,017	525,529	1,368,546	-27,453	1,341,093	76.01
76.02	0	0	0	0	0	76.02
76.03 WOUND CARE	45,876	452,547	498,423	-2,321	496,102	76.03
76.04 OPIC	436,396	94,770	531,166	-2,654	528,512	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,755,988	425,814	2,181,802	-106,103	2,075,699	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,563,835	55,839,678	91,403,513	2,690	91,406,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,016	36,869	66,885	0	66,885	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	OCCUPATIONAL MEDICINE	232,356	355,153	587,509	-422	587,087	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	100,610	436,928	537,538	-2,268	535,270	194.01
200.00	TOTAL (SUM OF LINES 118-199)	35,926,817	56,668,628	92,595,445	0	92,595,445	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	273,264	3,733,391	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-131,042	4,762,287	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-268,559	6,625,759	4.00
5.00	ADMINISTRATIVE & GENERAL	8,470,667	14,165,141	5.00
7.00	OPERATION OF PLANT	758	3,042,921	7.00
8.00	LAUNDRY & LINEN SERVICE	-39,749	487,370	8.00
9.00	HOUSEKEEPING	9,330	1,218,686	9.00
10.00	DIETARY	0	1,063,824	10.00
11.00	CAFETERIA	-393,210	738,880	11.00
13.00	NURSING ADMINISTRATION	86	694,517	13.00
16.00	MEDICAL RECORDS & LIBRARY	-3,525	634,736	16.00
18.00	INSERVICE EDUCATION	-12,837	225,147	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-25,510	8,232,435	30.00
31.00	INTENSIVE CARE UNIT	-82,870	2,439,000	31.00
40.00	SUBPRDVIDER - IPF	-160,619	1,393,842	40.00
41.00	SUBPROVIDER - IRF	3,012	1,558,366	41.00
43.00	NURSERY	-43	665,072	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-1,862,141	4,030,552	50.00
51.00	RECOVERY ROOM	0	584,767	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-43	1,378,732	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNDSTIC	-460,370	1,125,311	54.00
54.01	ULTRASOUND	0	223,824	54.01
54.02	MAMMOGRAPHY	0	312,982	54.02
55.00	RADIOLOGY-THERAPEUTIC	-49,051	1,095,173	55.00
56.00	RADIOISOTOPE	0	789,381	56.00
57.00	CT SCAN	0	553,508	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	252,438	58.00
59.00	CARDIAC CATHETERIZATION	0	1,013,778	59.00
60.00	LABORATORY	0	2,710,635	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	958,278	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,295,390	65.00
66.00	PHYSICAL THERAPY	-16,113	1,613,910	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-5,455	875,962	69.00
70.00	ELECTROENCEPHALOGRAPHY	101	105,982	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	38	5,626,497	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	5,168,309	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,199,675	73.00
74.00	RENAL DIALYSIS	0	551,407	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	LITHOTRIPSY	0	63,051	76.00
76.01	ENDOSCOPY	-86,333	1,254,760	76.01
76.02		0	0	76.02
76.03	WOUND CARE	-7,394	488,708	76.03
76.04	OPIC	0	528,512	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	-22,938	2,052,761	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Adjustments	Net Expenses	
		(See A-8)	For Allocation	
		6.00	7.00	
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,129,454	96,535,657	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,885	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OCCUPATIONAL MEDICINE	-50,364	536,723	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	-59,617	475,653	194.01
200.00	TOTAL (SUM OF LINES 118-199)	5,019,473	97,614,918	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	122,751	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,239,131	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	1,361,882	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	35,931	1.00
TOTALS			0	35,931	
C - EXECUTIVE COMPENSATION					
1.00	EMPLOYEE BENEFITS	4.00	0	84,126	1.00
2.00	NURSING ADMINISTRATION	13.00	159,018	11,396	2.00
TOTALS			159,018	95,522	
D - CAFETERIA					
1.00	CAFETERIA	11.00	397,740	734,350	1.00
TOTALS			397,740	734,350	
E - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	416,371	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
TOTALS			0	416,371	
F - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	92,850	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	7,925	2.00
TOTALS			0	100,775	
G - ER BED HOLD					
1.00	ADULTS & PEDIATRICS	30.00	78,797	19,090	1.00
TOTALS			78,797	19,090	
H - LOST CHARGES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,180	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

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-6

Date/Time Prepared:
2/13/2012 12:30 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
TOTALS			0	3,180		
I - OBSERVATION ROOM						
1.00	ADULTS & PEDIATRICS	30.00	2,384	687	1.00	
TOTALS			2,384	687		
500.00	Grand Total: Increases		637,939	2,767,788	500.00	

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - LEASES							
1.00	EMPLOYEE BENEFITS	4.00	0	4,379	10	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	86,273	10	2.00	
3.00	OPERATION OF PLANT	7.00	0	10,013	0	3.00	
4.00	HOUSEKEEPING	9.00	0	1,192	0	4.00	
5.00	DIETARY	10.00	0	2,296	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	218,848	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	46,394	0	7.00	
8.00	INSERVICE EDUCATION	18.00	0	16,652	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	53,844	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	108,694	0	10.00	
11.00	SUBPROVIDER - IPF	40.00	0	2,402	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	6,729	0	12.00	
13.00	NURSERY	43.00	0	50	0	13.00	
14.00	OPERATING ROOM	50.00	0	112,121	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,746	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	82,549	0	16.00	
17.00	MAMMOGRAPHY	54.02	0	1,302	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,590	0	18.00	
19.00	LABORATORY	60.00	0	148,528	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	111,453	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	107,701	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,364	0	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	65,449	0	23.00	
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	128,461	0	24.00	
25.00	ENDOSCOPY	76.01	0	26,377	0	25.00	
26.00	WOUND CARE	76.03	0	1,866	0	26.00	
27.00	OPIC	76.04	0	2,654	0	27.00	
28.00	EMERGENCY	91.00	0	265	0	28.00	
29.00	OCCUPATIONAL MEDICINE	194.00	0	422	0	29.00	
30.00	OTHER NONREIMBURSABLE COST CENTERS	194.01	0	2,268	0	30.00	
	TOTALS		0	1,361,882			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	35,931	12	1.00	
	TOTALS		0	35,931			
C - EXECUTIVE COMPENSATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	159,018	95,522	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		159,018	95,522			
D - CAFETERIA							
1.00	DIETARY	10.00	397,740	734,350	0	1.00	
	TOTALS		397,740	734,350			
E - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	12,508	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,521	0	2.00	
3.00	ULTRASOUND	54.01	0	108	0	3.00	
4.00	MAMMOGRAPHY	54.02	0	332	0	4.00	
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	278	0	5.00	
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	95	0	6.00	
7.00	LABORATORY	60.00	0	950	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	0	54,468	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	0	3,473	0	9.00	
10.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	334,232	0	10.00	
11.00	WOUND CARE	76.03	0	455	0	11.00	
12.00	EMERGENCY	91.00	0	7,951	0	12.00	
	TOTALS		0	416,371			
F - IMPLANTABLE DEVICES							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	44,560	0	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	56,215	0	2.00	
	TOTALS		0	100,775			
G - ER BED HOLD							
1.00	EMERGENCY	91.00	78,797	19,090	0	1.00	
	TOTALS		78,797	19,090			
H - LOST CHARGES							
1.00	ADULTS & PEDIATRICS	30.00	0	931	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	6	0	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	46	0	3.00	
4.00	OPERATING ROOM	50.00	0	844	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18	0	5.00	

RECLASSIFICATIONS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-6

Date/Time Prepared:
2/13/2012 12:30 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
6.00	ELECTROCARDIOLOGY	69.00	0	259	0		6.00
7.00	ENDOSCOPY	76.01	0	1,076	0		7.00
	TOTALS		0	3,180			
I - OBSERVATION ROOM							
1.00	INTENSIVE CARE UNIT	31.00	2,384	687	0		1.00
	TOTALS		2,384	687			
500.00	Grand Total: Decreases		637,939	2,767,788			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/13/2012 12:30 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	717,239	0	0	0	1.00
2.00	Land Improvements	3,079,514	86,853	0	86,853	2.00
3.00	Buildings and Fixtures	30,548,761	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	21,951,820	85,893	0	85,893	5.00
6.00	Movable Equipment	60,164,580	2,182,777	0	2,182,777	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	116,461,914	2,355,523	0	2,355,523	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	116,461,914	2,355,523	0	2,355,523	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	CAP REL COSTS-BLDG & FIXT	2,070,163	0	0	0	1,231,282
2.00	CAP REL COSTS-MVBLE EQUIP	3,654,198	0	0	0	0
3.00	Total (sum of lines 1-2)	5,724,361	0	0	0	1,231,282
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	717,239	0				1.00
2.00	Land Improvements	3,166,367	0				2.00
3.00	Buildings and Fixtures	30,548,761	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	22,037,713	0				5.00
6.00	Movable Equipment	61,973,035	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	118,443,115	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	118,443,115	0				10.00
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,301,445				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,654,198				2.00
3.00	Total (sum of lines 1-2)	0	6,955,643				3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,343,427	122,751	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,523,156	1,239,131	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,866,583	1,361,882	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	35,931	1,231,282	0	3,733,391	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,762,287	2.00
3.00	Total (sum of lines 1-2)	0	35,931	1,231,282	0	8,495,678	3.00

	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			0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00			0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00		0			0.00	3.00
4.00		0			0.00	4.00
5.00		0			0.00	5.00
6.00		0			0.00	6.00
7.00		0			0.00	7.00
8.00		0			0.00	8.00
9.00		0			0.00	9.00
10.00	A-8-2	-2,746,519				10.00
11.00		0			0.00	11.00
12.00	A-8-1	8,778,037				12.00
13.00		0			0.00	13.00
14.00		0			0.00	14.00
15.00		0			0.00	15.00
16.00		0			0.00	16.00
17.00		0			0.00	17.00
18.00		0			0.00	18.00
19.00		0			0.00	19.00
20.00		0			0.00	20.00
21.00		0			0.00	21.00
22.00		0			0.00	22.00
23.00	A-8-3	0	0	RESPIRATORY THERAPY	65.00	23.00
24.00	A-8-3	0	0	PHYSICAL THERAPY	66.00	24.00
25.00		0	0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00		0	0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00		0	0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00		0	0	*** Cost Center Deleted ***	19.00	28.00
29.00		0			0.00	29.00
30.00	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	A-8-3	0	0	SPEECH PATHOLOGY	68.00	31.00
32.00		0			0.00	32.00
33.00	B	-105		RADIOLOGY-DIAGNOSTIC	54.00	33.00
33.01	B	-393,210		CAFETERIA	11.00	33.01
33.02	B	-15		PHYSICAL THERAPY	66.00	33.02
33.03	B	-12,837		INSERVICE EDUCATION	18.00	33.03
33.04	B	-3,525		MEDICAL RECORDS & LIBRARY	16.00	33.04
33.05	B	-60		ADMINISTRATIVE & GENERAL	5.00	33.05
33.06	B	-340		ADMINISTRATIVE & GENERAL	5.00	33.06
33.07	B	-14,773		PHYSICAL THERAPY	66.00	33.07
33.08	B	-25,820		ADMINISTRATIVE & GENERAL	5.00	33.08
33.09	B	-37,037		ADMINISTRATIVE & GENERAL	5.00	33.09
33.10	B	-3,160		ADMINISTRATIVE & GENERAL	5.00	33.10
33.11	A	-1,748		ADMINISTRATIVE & GENERAL	5.00	33.11
33.12	A	-6,639		EMPLOYEE BENEFITS	4.00	33.12
33.13	A	-34,933		ADMINISTRATIVE & GENERAL	5.00	33.13
33.14	A	-61		CAP REL COSTS-MVBLE EQUIP	2.00	33.14
33.15	A	-39,749		LAUNDRY & LINEN SERVICE	8.00	33.15
33.16	A	-919		ADMINISTRATIVE & GENERAL	5.00	33.16
33.17	A	-3,008		ADMINISTRATIVE & GENERAL	5.00	33.17
33.18	A	-1,435		ADULTS & PEDIATRICS	30.00	33.18
33.19	A	-2,194		EMPLOYEE BENEFITS	4.00	33.19
33.20	A	-18,673		ADMINISTRATIVE & GENERAL	5.00	33.20
33.21	A	-1,359		ADMINISTRATIVE & GENERAL	5.00	33.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8

Date/Time Prepared:
2/13/2012 12:30 pm

		Expense Classification on worksheet A To/From which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.22	NONPATIENT GIFTS	A	-26,303	EMPLOYEE BENEFITS	4.00 33.22
33.23	NONPATIENT GIFTS	A	-34,705	ADMINISTRATIVE & GENERAL	5.00 33.23
33.24	NONPATIENT GIFTS	A	-326	ADULTS & PEDIATRICS	30.00 33.24
33.25	NONPATIENT GIFTS	A	-43	NURSERY	43.00 33.25
33.26	NONPATIENT GIFTS	A	-571	OPERATING ROOM	50.00 33.26
33.27	NONPATIENT GIFTS	A	-43	DELIVERY ROOM & LABOR ROOM	52.00 33.27
33.28	NONPATIENT GIFTS	A	-424	RADIOLOGY-DIAGNOSTIC	54.00 33.28
33.29	NONPATIENT GIFTS	A	-500	RADIOLOGY-THERAPEUTIC	55.00 33.29
33.30	NONPATIENT GIFTS	A	-123	EMERGENCY	91.00 33.30
33.31	NONPATIENT GIFTS	A	-844	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.31
33.32	PATIENT GIFTS	A	-1,286	OPERATING ROOM	50.00 33.32
33.33	PATIENT GIFTS	A	-1,904	RADIOLOGY-THERAPEUTIC	55.00 33.33
33.34	PATIENT GIFTS	A	-1,472	PHYSICAL THERAPY	66.00 33.34
33.35	SPOUSE TRAVEL	A	-1,162	ADMINISTRATIVE & GENERAL	5.00 33.35
33.36	ALCOHOL	A	-9,258	ADMINISTRATIVE & GENERAL	5.00 33.36
33.37	ALCOHOL	A	-147	SUBPROVIDER - IPF	40.00 33.37
33.38	ALCOHOL	A	-75	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.38
33.39	ENTERTAINMENT	A	-84	OCCUPATIONAL MEDICINE	194.00 33.39
33.40	COUNTRY CLUB DUES	A	-1,705	ADMINISTRATIVE & GENERAL	5.00 33.40
33.41	PHYSICIAN RECRUITMENT	A	-39,111	ADMINISTRATIVE & GENERAL	5.00 33.41
33.42	PHYSICIAN RECRUITMENT	A	234	OPERATING ROOM	50.00 33.42
33.43	PHYSICIAN RECRUITMENT	A	55,000	ADMINISTRATIVE & GENERAL	5.00 33.43
33.44	NONALLOWABLES	A	-15,328	ADMINISTRATIVE & GENERAL	5.00 33.44
33.45	NONALLOWABLES	A	-96	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.45
33.46	LOBBYING DUES	A	-1,245	ADMINISTRATIVE & GENERAL	5.00 33.46
33.47	LEGAL FEES	A	-13,064	ADMINISTRATIVE & GENERAL	5.00 33.47
33.48	BUILDING DEPRECIATION	A	167,988	CAP REL COSTS-BLDG & FIXT	1.00 33.48
33.49	MME DEPRECIATION	A	-183,925	CAP REL COSTS-MVBLE EQUIP	2.00 33.49
33.50	CAPITALIZED SOFTWARE	A	-82,870	INTENSIVE CARE UNIT	31.00 33.50
33.51	CAPITALIZED SOFTWARE	A	-46,647	RADIOLOGY-THERAPEUTIC	55.00 33.51
33.52	REHAB START-UP COST AMORTIZATION	A	3,012	SUBPROVIDER - IRF	41.00 33.52
33.53	WOUND CARE AMORTIZATION	A	7,477	WOUND CARE	76.03 33.53
33.54	SOFTWARE AMORTIZATION	A	51,214	CAP REL COSTS-MVBLE EQUIP	2.00 33.54
33.55	CAPITALIZED SOFTWARE	A	93,284	CAP REL COSTS-BLDG & FIXT	1.00 33.55
33.56	LOBBYING DUES	A	-10,521	ADMINISTRATIVE & GENERAL	5.00 33.56
33.57	MOB	A	-341	ADMINISTRATIVE & GENERAL	5.00 33.57
33.58	MOB	A	-90	EMPLOYEE BENEFITS	4.00 33.58
33.59	MINOR EQUIPMENT DEPRECIATION	A	1,595	CAP REL COSTS-MVBLE EQUIP	2.00 33.59
33.60	USEFULL LIFE ADJUSTMENT	A	-44,340	CAP REL COSTS-BLDG & FIXT	1.00 33.60
33.61	VENDING ADJUSTMENT	A	-800	OPERATION OF PLANT	7.00 33.61
33.62	VENDING ADJUSTMENT	A	-2,349	CAP REL COSTS-BLDG & FIXT	1.00 33.62
33.63	PHYSICIAN RECORDS STORAGE	A	-28,699	OPERATION OF PLANT	7.00 33.63
33.64	CONSULTING	A	-178,118	ADMINISTRATIVE & GENERAL	5.00 33.64
33.65	ADVERTISING	A	-3,128	EMPLOYEE BENEFITS	4.00 33.65
33.66	CONTRIBUTIONS	A	-58,602	OTHER NONREIMBURSABLE COST CENTERS	194.01 33.66
33.67			0		0.00 33.67
33.68			0		0.00 33.68
33.69			0		0.00 33.69
33.70			0		0.00 33.70
33.71			0		0.00 33.71
33.72			0		0.00 33.72
33.73			0		0.00 33.73
33.74			0		0.00 33.74
33.75			0		0.00 33.75
33.76			0		0.00 33.76
33.77			0		0.00 33.77
33.78			0		0.00 33.78
33.79			0		0.00 33.79
33.80			0		0.00 33.80
33.81			0		0.00 33.81
33.82			0		0.00 33.82
33.83			0		0.00 33.83
33.84			0		0.00 33.84
33.85			0		0.00 33.85
33.86			0		0.00 33.86

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8

Date/Time Prepared:
2/13/2012 12:30 pm

		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted					
		Basis/Code (2)	Amount	Cost Center	Line #		
		1.00	2.00	3.00	4.00		
33.87			0			0.00	33.87
33.88			0			0.00	33.88
33.89			0			0.00	33.89
33.90			0			0.00	33.90
33.91			0			0.00	33.91
33.92			0			0.00	33.92
33.93			0			0.00	33.93
33.94			0			0.00	33.94
33.95			0			0.00	33.95
33.96			0			0.00	33.96
33.97			0			0.00	33.97
33.98			0			0.00	33.98
33.99			0			0.00	33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		5,019,473				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8

Date/Time Prepared:
2/13/2012 12:30 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	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	X-RAY COPY	0	33.00
33.01	CAFETERIA	0	33.01
33.02	OCCUPATIONAL HEALTH	0	33.02
33.03	EDUCATION OTHER	0	33.03
33.04	MEDICAL RECORDS	0	33.04
33.05	DONATIONS & GIFTS	0	33.05
33.06	BADGE DEDUCTIONS	0	33.06
33.07	COMP. REHAB	0	33.07
33.08	OTHER	0	33.08
33.09	INTEREST INCOME	0	33.09
33.10	UNCLAIMED PROPERTY	0	33.10
33.11	PATIENT ACCOUNT INTEREST	0	33.11
33.12	PATIENT TELEPHONES	0	33.12
33.13	PATIENT TELEPHONES	0	33.13
33.14	PATIENT TV'S	9	33.14
33.15	PATIENT TV'S	0	33.15
33.16	ADMIN TRAVEL	0	33.16
33.17	ADMIN MEALS	0	33.17
33.18	MISC.	0	33.18
33.19	MISC.	0	33.19
33.20	MISC.	0	33.20
33.21	OTHER	0	33.21
33.22	NONPATIENT GIFTS	0	33.22
33.23	NONPATIENT GIFTS	0	33.23
33.24	NONPATIENT GIFTS	0	33.24
33.25	NONPATIENT GIFTS	0	33.25
33.26	NONPATIENT GIFTS	0	33.26
33.27	NONPATIENT GIFTS	0	33.27

		Wkst. A-7	Ref.	
		5.00		
33.28	NONPATIENT GIFTS	0		33.28
33.29	NONPATIENT GIFTS	0		33.29
33.30	NONPATIENT GIFTS	0		33.30
33.31	NONPATIENT GIFTS	0		33.31
33.32	PATIENT GIFTS	0		33.32
33.33	PATIENT GIFTS	0		33.33
33.34	PATIENT GIFTS	0		33.34
33.35	SPOUSE TRAVEL	0		33.35
33.36	ALCOHOL	0		33.36
33.37	ALCOHOL	0		33.37
33.38	ALCOHOL	0		33.38
33.39	ENTERTAINMENT	0		33.39
33.40	COUNTRY CLUB DUES	0		33.40
33.41	PHYSICIAN RECRUITMENT	0		33.41
33.42	PHYSICIAN RECRUITMENT	0		33.42
33.43	PHYSICIAN RECRUITMENT	0		33.43
33.44	NONALLOWABLES	0		33.44
33.45	NONALLOWABLES	0		33.45
33.46	LOBBYING DUES	0		33.46
33.47	LEGAL FEES	0		33.47
33.48	BUILDING DEPRECIATION	9		33.48
33.49	MME DEPRECIATION	9		33.49
33.50	CAPITALIZED SOFTWARE	0		33.50
33.51	CAPITALIZED SOFTWARE	0		33.51
33.52	REHAB START-UP COST AMORTIZATION	0		33.52
33.53	WOUND CARE AMORTIZATION	0		33.53
33.54	SOFTWARE AMORTIZATION	9		33.54
33.55	CAPITALIZED SOFTWARE	9		33.55
33.56	LOBBYING DUES	0		33.56
33.57	MOB	0		33.57
33.58	MOB	0		33.58
33.59	MINOR EQUIPMENT DEPRECIATION	9		33.59
33.60	USEFULL LIFE ADJUSTMENT	9		33.60
33.61	VENDING ADJUSTMENT	0		33.61
33.62	VENDING ADJUSTMENT	9		33.62
33.63	PHYSICIAN RECORDS STORAGE	0		33.63
33.64	CONSULTING	0		33.64
33.65	ADVERTISING	0		33.65
33.66	CONTRIBUTIONS	0		33.66
33.67		0		33.67
33.68		0		33.68
33.69		0		33.69
33.70		0		33.70
33.71		0		33.71
33.72		0		33.72
33.73		0		33.73
33.74		0		33.74
33.75		0		33.75
33.76		0		33.76
33.77		0		33.77
33.78		0		33.78
33.79		0		33.79
33.80		0		33.80
33.81		0		33.81
33.82		0		33.82
33.83		0		33.83
33.84		0		33.84
33.85		0		33.85
33.86		0		33.86
33.87		0		33.87
33.88		0		33.88
33.89		0		33.89
33.90		0		33.90
33.91		0		33.91
33.92		0		33.92
33.93		0		33.93
33.94		0		33.94
33.95		0		33.95
33.96		0		33.96
33.97		0		33.97
33.98		0		33.98
33.99		0		33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)			50.00

	Line No.		Cost Center	Expense Items	
	1.00	2.00			
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	4.00		EMPLOYEE BENEFITS	DMS	1.00
2.00	5.00		ADMINISTRATIVE & GENERAL	DMS	2.00
3.00	9.00		HOUSEKEEPING	DMS	3.00
4.00	30.00		ADULTS & PEDIATRICS	DMS	4.00
4.01	194.00		OCCUPATIONAL MEDICINE	DMS	4.01
4.02	194.01		OTHER NONREIMBURSABLE COST CENTERS	DMS	4.02
4.03	5.00		ADMINISTRATIVE & GENERAL	HPG	4.03
4.04	5.00		ADMINISTRATIVE & GENERAL	IT&S	4.04
4.05	5.00		ADMINISTRATIVE & GENERAL	HOME OFFICE MGT. FEE	4.05
4.06	5.00		ADMINISTRATIVE & GENERAL	HOME OFFICE DIRECT COMP.	4.06
4.07	5.00		ADMINISTRATIVE & GENERAL	SHARED SERVICE CENTER	4.07
4.08	5.00		ADMINISTRATIVE & GENERAL	SHARED SERVICE CENTER BUDGET	4.08
4.09	5.00		ADMINISTRATIVE & GENERAL	SUPPLY CHAIN	4.09
4.10	5.00		ADMINISTRATIVE & GENERAL	PAYROLL	4.10
4.11	5.00		ADMINISTRATIVE & GENERAL	CAPITAL DIVISION IT&S	4.11
4.12	5.00		ADMINISTRATIVE & GENERAL	HIM	4.12
4.13	5.00		ADMINISTRATIVE & GENERAL	REVENUE INTEGRITY	4.13
4.14	5.00		ADMINISTRATIVE & GENERAL	CREDENTIALING	4.14
4.15	5.00		ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH	4.15
4.16	5.00		ADMINISTRATIVE & GENERAL	CALL CENTER	4.16
4.17	5.00		ADMINISTRATIVE & GENERAL	PHYSICIAN RECRUITING	4.17
4.18	5.00		ADMINISTRATIVE & GENERAL	MALPRACTICE	4.18
4.19	5.00		ADMINISTRATIVE & GENERAL	GENERAL INSURANCE	4.19
4.20	5.00		ADMINISTRATIVE & GENERAL	PHYSICIAN SALES	4.20
4.21	5.00		ADMINISTRATIVE & GENERAL	CAPITAL DIVISION ALLOCATION	4.21
4.22	194.01		OTHER NONREIMBURSABLE COST CENTERS	CAPITAL DIVISION ALLOCATION	4.22
4.23	30.00		ADULTS & PEDIATRICS	REGIONAL PARTNERS	4.23
4.24	50.00		OPERATING ROOM	REGIONAL PARTNERS	4.24
4.25	76.04		OPIC	REGIONAL PARTNERS	4.25
4.26	5.00		ADMINISTRATIVE & GENERAL	RAPIDES REGIONAL MEDICAL	4.26
4.27	5.00		ADMINISTRATIVE & GENERAL	TRISTAR DIVISION	4.27
4.28	73.00		DRUGS CHARGED TO PATIENTS	PORTSMOUTH REGIONAL HOSPITAL	4.28
4.29	73.00		DRUGS CHARGED TO PATIENTS	RESTON MEDICAL CENTER	4.29
4.30	5.00		ADMINISTRATIVE & GENERAL	INTERCOMPANY INTEREST	4.30
4.31	5.00		ADMINISTRATIVE & GENERAL	HOME OFFICE INTEREST	4.31
4.32	1.00		CAP REL COSTS-BLDG & FIXT	POB HOSPITAL SPACE	4.32
4.33	2.00		CAP REL COSTS-MVBLE EQUIP	POB HOSPITAL SPACE	4.33
4.34	5.00		ADMINISTRATIVE & GENERAL	POB HOSPITAL SPACE	4.34
4.35	7.00		OPERATION OF PLANT	POB HOSPITAL SPACE	4.35
4.36	9.00		HOUSEKEEPING	POB HOSPITAL SPACE	4.36
4.37	71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	ALL ABOUT STAFFING	4.37
4.38	70.00		ELECTROENCEPHALOGRAPHY	ALL ABOUT STAFFING	4.38
4.39	66.00		PHYSICAL THERAPY	ALL ABOUT STAFFING	4.39
4.40	13.00		NURSING ADMINISTRATION	ALL ABOUT STAFFING	4.40
4.41	4.00		EMPLOYEE BENEFITS	ALL ABOUT STAFFING	4.41
4.42	4.00		EMPLOYEE BENEFITS	RESTORATION PLAN EXPENSE	4.42
4.43	4.00		EMPLOYEE BENEFITS	SELF INSURANCE POOLING AJUSTMENT	4.43
4.44	0.00				4.44
4.45	0.00				4.45
4.46	0.00				4.46
4.47	0.00				4.47
4.48	0.00				4.48
4.49	0.00				4.49
4.50	0.00				4.50
4.51	0.00				4.51
4.52	0.00				4.52
4.53	0.00				4.53
4.54	0.00				4.54
4.55	0.00				4.55
4.56	0.00				4.56
4.57	0.00				4.57
4.58	0.00				4.58
4.59	0.00				4.59
4.60	0.00				4.60
4.61	0.00				4.61
4.62	0.00				4.62
4.63	0.00				4.63
4.64	0.00				4.64
4.65	0.00				4.65

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

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:
2/13/2012 12:30 pm

	Line No.		Cost Center		Expense Items	
	1.00	2.00	3.00			
4.66		0.00				4.66
4.67		0.00				4.67
4.68		0.00				4.68
4.69		0.00				4.69
4.70		0.00				4.70
4.71		0.00				4.71
4.72		0.00				4.72
4.73		0.00				4.73
4.74		0.00				4.74
4.75		0.00				4.75
4.76		0.00				4.76
4.77		0.00				4.77
4.78		0.00				4.78
4.79		0.00				4.79
4.80		0.00				4.80
4.81		0.00				4.81
4.82		0.00				4.82
4.83		0.00				4.83
4.84		0.00				4.84
4.85		0.00				4.85
4.86		0.00				4.86
4.87		0.00				4.87
4.88		0.00				4.88
4.89		0.00				4.89
4.90		0.00				4.90
4.91		0.00				4.91
4.92		0.00				4.92
4.93		0.00				4.93
4.94		0.00				4.94
4.95		0.00				4.95
4.96		0.00				4.96
4.97		0.00				4.97
4.98		0.00				4.98
4.99		0.00				4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.					

* 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		100.00		6.00
7.00		B		51.66		7.00
8.00		B		100.00		8.00
9.00		B		100.00		9.00
10.00		B		100.00		10.00
10.01		B		100.00		10.01
10.02		B		100.00		10.02
10.03		B		100.00		10.03
10.04		B		100.00		10.04
10.05		B		100.00		10.05
10.06				0.00		10.06
10.07				0.00		10.07
10.08				0.00		10.08
10.09				0.00		10.09
10.10				0.00		10.10
100.00	G. Other (financial or non-financial) specify:					

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet A-8-1
OFFICE COSTS				Date/Time Prepared: 2/13/2012 12:30 pm
	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

(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: 150046

Period: From 09/01/2010 To 08/31/2011

Worksheet A-8-1

Date/Time Prepared: 2/13/2012 12:30 pm

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	949	949	0	0	1.00
2.00	188	188	0	0	2.00
3.00	531	531	0	0	3.00
4.00	188	188	0	0	4.00
4.01	188	188	0	0	4.01
4.02	551	551	0	0	4.02
4.03	82,137	138,806	-56,669	0	4.03
4.04	1,462,761	1,466,750	-3,989	0	4.04
4.05	1,524,053	7,442,670	-5,918,617	0	4.05
4.06	36,684	0	36,684	0	4.06
4.07	2,906,725	2,906,725	0	0	4.07
4.08	0	101,361	-101,361	0	4.08
4.09	779,260	779,260	0	0	4.09
4.10	40,595	40,005	590	0	4.10
4.11	989,389	1,013,656	-24,267	0	4.11
4.12	1,056,292	1,056,292	0	0	4.12
4.13	98,227	103,694	-5,467	0	4.13
4.14	57,349	62,970	-5,621	0	4.14
4.15	23,863	23,863	0	0	4.15
4.16	0	43,467	-43,467	0	4.16
4.17	0	39,111	-39,111	0	4.17
4.18	0	534,612	-534,612	0	4.18
4.19	0	8,173	-8,173	0	4.19
4.20	0	154,850	-154,850	0	4.20
4.21	73,768	136,742	-62,974	0	4.21
4.22	235,239	235,239	0	0	4.22
4.23	41,125	41,125	0	0	4.23
4.24	24,426	24,426	0	0	4.24
4.25	8,698	8,698	0	0	4.25
4.26	2,860	2,860	0	0	4.26
4.27	1,408	1,408	0	0	4.27
4.28	169	169	0	0	4.28
4.29	61	61	0	0	4.29
4.30	0	-15,235,417	15,235,417	0	4.30
4.31	568,422	0	568,422	0	4.31
4.32	58,681	0	58,681	9	4.32
4.33	135	0	135	9	4.33
4.34	27,532	0	27,532	0	4.34
4.35	30,257	0	30,257	0	4.35
4.36	9,330	0	9,330	0	4.36
4.37	5,828	5,790	38	0	4.37
4.38	15,379	15,278	101	0	4.38
4.39	22,344	22,197	147	0	4.39
4.40	13,046	12,960	86	0	4.40
4.41	14,092	14,000	92	0	4.41
4.42	0	-4,198	4,198	0	4.42
4.43	0	234,495	-234,495	0	4.43
4.44	0	0	0	0	4.44
4.45	0	0	0	0	4.45
4.46	0	0	0	0	4.46
4.47	0	0	0	0	4.47
4.48	0	0	0	0	4.48
4.49	0	0	0	0	4.49
4.50	0	0	0	0	4.50
4.51	0	0	0	0	4.51
4.52	0	0	0	0	4.52
4.53	0	0	0	0	4.53
4.54	0	0	0	0	4.54
4.55	0	0	0	0	4.55
4.56	0	0	0	0	4.56
4.57	0	0	0	0	4.57
4.58	0	0	0	0	4.58
4.59	0	0	0	0	4.59
4.60	0	0	0	0	4.60
4.61	0	0	0	0	4.61
4.62	0	0	0	0	4.62
4.63	0	0	0	0	4.63
4.64	0	0	0	0	4.64
4.65	0	0	0	0	4.65
4.66	0	0	0	0	4.66

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

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-1

Date/Time Prepared:
2/13/2012 12:30 pm

	Amount of	Amount	Net	Wkst. A-7 Ref.	
	Allowable Cost	Included in	Adjustments		
	4.00	5.00	6.00	7.00	
		wks. A, column 5	(col. 4 minus col. 5)*		
4.67	0	0	0	0	4.67
4.68	0	0	0	0	4.68
4.69	0	0	0	0	4.69
4.70	0	0	0	0	4.70
4.71	0	0	0	0	4.71
4.72	0	0	0	0	4.72
4.73	0	0	0	0	4.73
4.74	0	0	0	0	4.74
4.75	0	0	0	0	4.75
4.76	0	0	0	0	4.76
4.77	0	0	0	0	4.77
4.78	0	0	0	0	4.78
4.79	0	0	0	0	4.79
4.80	0	0	0	0	4.80
4.81	0	0	0	0	4.81
4.82	0	0	0	0	4.82
4.83	0	0	0	0	4.83
4.84	0	0	0	0	4.84
4.85	0	0	0	0	4.85
4.86	0	0	0	0	4.86
4.87	0	0	0	0	4.87
4.88	0	0	0	0	4.88
4.89	0	0	0	0	4.89
4.90	0	0	0	0	4.90
4.91	0	0	0	0	4.91
4.92	0	0	0	0	4.92
4.93	0	0	0	0	4.93
4.94	0	0	0	0	4.94
4.95	0	0	0	0	4.95
4.96	0	0	0	0	4.96
4.97	0	0	0	0	4.97
4.98	0	0	0	0	4.98
4.99	0	0	0	0	4.99
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	10,212,730	1,434,693	8,778,037	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	DMS	100.00	DOCUMENT MGT.	6.00
7.00	HPG	51.66	PURCHASING	7.00
8.00	HCI	100.00	INSURANCE	8.00
9.00	RICHMOND DIVISI	100.00	MANAGEMENT	9.00
10.00	ALL ABOUT STAFF	100.00	STAFFING	10.00
10.01	HCA	100.00	HOSPITAL MGT.	10.01
10.02	POB	100.00	PROFESSIONAL BU	10.02
10.03	RAPIDS MEDICAL	100.00	HOSPITAL	10.03
10.04	PORTSMOUTH	100.00	HOSPITAL	10.04
10.05	RESTON	100.00	HOSPITAL	10.05
10.06		0.00		10.06
10.07		0.00		10.07
10.08		0.00		10.08
10.09		0.00		10.09
10.10		0.00		10.10
100.00	G. Other (financial or non-financial) specify:			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet A-8-1		
			Date/Time Prepared: 2/13/2012 12:30 pm		
			Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
4.00	5.00	6.00			

(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: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/13/2012 12:30 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	41,126	7,727	1.00
2.00	40.00	SUBPROVIDER - IPF	160,472	160,472	2.00
3.00	50.00	OPERATING ROOM	1,876,709	1,854,353	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	459,841	459,841	4.00
5.00	76.01	ENDOSCOPY	108,500	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	24,325	25	6.00
7.00	76.03	WOUND CARE	33,000	0	7.00
8.00	91.00	EMERGENCY	36,000	15,000	8.00
9.00	76.04	OPIC	8,698	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	2,400	2,400	10.00
11.00	194.00	OCCUPATIONAL MEDICINE	50,280	50,280	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	134,700	12,000	12.00
200.00		TOTAL (lines 1.00 through 199.00)	2,936,051	2,562,098	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/13/2012 12:30 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	33,399	171,400	240	19,777	989	1.00
2.00	0	142,500	0	0	0	2.00
3.00	22,356	204,100	165	16,191	810	3.00
4.00	0	231,100	0	0	0	4.00
5.00	108,500	171,400	269	22,167	1,108	5.00
6.00	24,300	171,400	229	18,870	944	6.00
7.00	33,000	171,400	220	18,129	906	7.00
8.00	21,000	171,400	160	13,185	659	8.00
9.00	8,698	171,400	240	19,777	989	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	122,700	171,400	880	72,515	3,626	12.00
200.00	373,953		2,403	200,611	10,031	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/13/2012 12:30 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	19,777	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	16,191	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	22,167	5.00
6.00	0	0	0	0	18,870	6.00
7.00	0	0	0	0	18,129	7.00
8.00	0	0	0	0	13,185	8.00
9.00	0	0	0	0	19,777	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	72,515	12.00
200.00	0	0	0	0	200,611	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:
2/13/2012 12:30 pm

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	13,622	21,349	1.00
2.00	0	160,472	2.00
3.00	6,165	1,860,518	3.00
4.00	0	459,841	4.00
5.00	86,333	86,333	5.00
6.00	5,430	5,455	6.00
7.00	14,871	14,871	7.00
8.00	7,815	22,815	8.00
9.00	0	0	9.00
10.00	0	2,400	10.00
11.00	0	50,280	11.00
12.00	50,185	62,185	12.00
200.00	184,421	2,746,519	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	3,733,391	3,733,391			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,762,287		4,762,287		2.00
4.00	EMPLOYEE BENEFITS	6,625,759	42,400	54,085	6,722,244	4.00
5.00	ADMINISTRATIVE & GENERAL	14,165,141	189,995	242,357	579,783	15,177,276
7.00	OPERATION OF PLANT	3,042,921	921,913	1,175,987	128,875	5,269,696
8.00	LAUNDRY & LINEN SERVICE	487,370	40,037	51,070	6,788	585,265
9.00	HOUSEKEEPING	1,218,686	14,405	18,374	162,477	1,413,942
10.00	DIETARY	1,063,824	65,397	83,420	70,710	1,283,351
11.00	CAFETERIA	738,880	41,710	53,205	75,247	909,042
13.00	NURSING ADMINISTRATION	694,517	11,193	14,278	114,250	834,238
16.00	MEDICAL RECORDS & LIBRARY	634,736	51,682	65,926	77,826	830,170
18.00	INSERVICE EDUCATION	225,147	31,240	39,850	35,583	331,820
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,232,435	706,230	900,862	1,313,243	11,152,770
31.00	INTENSIVE CARE UNIT	2,439,000	120,177	153,297	388,241	3,100,715
40.00	SUBPROVIDER - IPF	1,393,842	108,498	138,399	230,991	1,871,730
41.00	SUBPROVIDER - IRF	1,558,366	128,985	164,533	201,968	2,053,852
43.00	NURSERY	665,072	11,804	15,057	103,137	795,070
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,030,552	285,185	363,780	590,889	5,270,406
51.00	RECOVERY ROOM	584,767	17,808	22,716	95,772	721,063
52.00	DELIVERY ROOM & LABOR ROOM	1,378,732	81,204	103,583	211,105	1,774,624
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RAIOLOGY-DIAGNOSTIC	1,125,311	86,699	110,592	154,706	1,477,308
54.01	ULTRASOUND	223,824	4,590	5,856	31,036	265,306
54.02	MAMMOGRAPHY	312,982	16,903	21,562	37,283	388,730
55.00	RADIOLOGY-THERAPEUTIC	1,095,173	69,841	89,088	100,694	1,354,796
56.00	RADIOISOTOPE	789,381	8,389	10,702	32,950	841,422
57.00	CT SCAN	553,508	18,113	23,105	45,734	640,460
58.00	MAGNETIC RESONANCE IMAGING (MRI)	252,438	11,759	14,999	24,052	303,248
59.00	CARDIAC CATHETERIZATION	1,013,778	25,926	33,071	120,026	1,192,801
60.00	LABORATORY	2,710,635	60,513	77,190	251,804	3,100,142
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	958,278	3,618	4,615	0	966,511
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	1,295,390	18,531	23,639	207,436	1,544,996
66.00	PHYSICAL THERAPY	1,613,910	86,032	109,741	240,537	2,050,220
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	0	0	0	0
69.00	ELECTROCARDIOLOGY	875,962	24,784	31,614	98,547	1,030,907
70.00	ELECTROENCEPHALOGRAPHY	105,982	12,324	15,721	11,119	145,146
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,626,497	96,004	122,462	44,024	5,888,987
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,168,309	0	0	0	5,168,309
73.00	DRUGS CHARGED TO PATIENTS	10,199,675	30,358	38,725	298,607	10,567,365
74.00	RENAL DIALYSIS	551,407	5,337	6,807	102	563,653
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	LITHOTRIPSY	63,051	0	0	0	63,051
76.01	ENDOSCOPY	1,254,760	21,765	27,763	159,488	1,463,776
76.02		0	0	0	0	0
76.03	WOUND CARE	488,708	19,538	24,922	8,679	541,847
76.04	OPIC	528,512	43,248	55,166	82,560	709,486
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	0	0	0	0
91.00	EMERGENCY	2,052,761	116,243	148,278	317,303	2,634,585
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	AMBULANCE SERVICES	0	0	0	0	0
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.00 CMHC	0	0	0	0	0	0 99.00
99.10 CORF	0	0	0	0	0	0 99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	96,535,657	3,650,378	4,656,397	6,653,572	96,278,082	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	66,885	6,863	8,754	5,679	88,181	190.00
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OCCUPATIONAL MEDICINE	536,723	42,400	54,085	43,959	677,167	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	475,653	33,750	43,051	19,034	571,488	194.01
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	97,614,918	3,733,391	4,762,287	6,722,244	97,614,918	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	15,177,276					5.00
7.00 OPERATION OF PLANT	970,183	6,239,879				7.00
8.00 LAUNDRY & LINEN SERVICE	107,751	96,865	789,881			8.00
9.00 HOUSEKEEPING	260,315	34,851	0	1,709,108		9.00
10.00 DIETARY	236,273	158,223	0	44,272	1,722,119	10.00
11.00 CAFETERIA	167,360	100,914	0	28,236	0	11.00
13.00 NURSING ADMINISTRATION	153,588	27,082	0	7,578	0	13.00
16.00 MEDICAL RECORDS & LIBRARY	152,839	125,041	0	34,987	0	16.00
18.00 INSERVICE EDUCATION	61,090	75,583	0	21,149	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,053,303	1,708,663	299,628	478,099	870,619	30.00
31.00 INTENSIVE CARE UNIT	570,860	290,759	52,459	81,357	43,678	31.00
40.00 SUBPROVIDER - IPF	344,597	262,501	23,588	73,450	198,291	40.00
41.00 SUBPROVIDER - IRF	378,126	312,069	51,618	87,319	159,345	41.00
43.00 NURSERY	146,377	28,559	0	7,991	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	970,313	689,983	67,584	193,062	0	50.00
51.00 RECOVERY ROOM	132,752	43,085	0	12,055	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	326,719	196,466	34,812	54,973	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	271,981	209,760	28,930	58,692	0	54.00
54.01 ULTRASOUND	48,844	11,106	0	3,108	0	54.01
54.02 MAMMOGRAPHY	71,568	40,896	0	11,443	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	249,426	168,974	0	47,280	0	55.00
56.00 RADIOISOTOPE	154,911	20,298	0	5,679	0	56.00
57.00 CT SCAN	117,913	43,823	0	12,262	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	55,830	28,450	0	7,960	0	58.00
59.00 CARDIAC CATHETERIZATION	219,602	62,726	0	17,551	0	59.00
60.00 LABORATORY	570,755	146,406	0	40,965	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	177,940	8,754	0	2,449	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	284,443	44,835	0	12,545	0	65.00
66.00 PHYSICAL THERAPY	377,458	208,146	14,105	58,241	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	189,796	59,963	4,262	16,778	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	26,722	29,817	0	8,343	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,084,198	232,274	112,780	64,992	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	951,517	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,945,515	73,449	0	20,552	0	73.00
74.00 RENAL DIALYSIS	103,772	12,912	0	3,613	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	11,608	0	0	0	0	76.00
76.01 ENDOSCOPY	269,490	52,659	0	14,734	0	76.01
76.02	0	0	0	0	0	76.02
76.03 WOUND CARE	99,757	47,270	9,783	13,226	0	76.03
76.04 OPIC	130,621	104,634	7,983	29,277	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	485,043	281,240	82,349	78,693	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,931,156	6,039,036	789,881	1,652,911	1,271,933	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,235	16,605	0	4,646	0	0 190.00
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OCCUPATIONAL MEDICINE	124,671	102,582	0	28,703	0	0 194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	105,214	81,656	0	22,848	450,186	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	15,177,276	6,239,879	789,881	1,709,108	1,722,119	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				INSERVICE EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	1,205,552					11.00
13.00	15,055	1,037,541				13.00
16.00	24,153	0	1,167,190			16.00
18.00	7,276	7,471	0	504,389		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	306,655	314,886	44,285	142,289	17,371,197	30.00
31.00	73,274	75,240	15,952	45,884	4,350,178	31.00
40.00	56,220	57,728	18,542	14,908	2,921,555	40.00
41.00	44,517	46,819	8,303	15,074	3,157,042	41.00
43.00	20,037	20,575	4,103	15,460	1,038,172	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	124,877	128,229	128,908	45,773	7,619,135	50.00
51.00	15,344	15,756	18,679	5,025	963,759	51.00
52.00	40,872	41,969	13,611	24,847	2,508,893	52.00
53.00	0	0	0	0	0	53.00
54.00	41,779	42,900	21,654	15,018	2,168,022	54.00
54.01	5,530	5,678	5,491	5,908	350,971	54.01
54.02	8,404	8,630	4,052	8,834	542,557	54.02
55.00	18,570	19,997	20,475	11,706	1,891,224	55.00
56.00	5,564	5,713	20,057	1,767	1,055,411	56.00
57.00	10,310	10,587	44,192	1,546	881,093	57.00
58.00	4,584	0	10,550	1,436	412,058	58.00
59.00	18,096	18,581	54,297	2,098	1,585,752	59.00
60.00	67,789	0	106,243	10,656	4,042,956	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	13,717	0	1,169,371	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	42,609	0	29,709	15,571	1,974,708	65.00
66.00	38,626	42,355	27,479	17,779	2,834,409	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	23,045	24,101	24,660	939	1,374,451	69.00
70.00	2,338	0	1,858	442	214,666	70.00
71.00	14,697	15,092	90,400	110	7,503,530	71.00
72.00	0	0	33,918	0	6,153,744	72.00
73.00	50,565	0	263,280	663	12,921,389	73.00
74.00	73	75	9,587	0	693,685	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	898	0	75,557	76.00
76.01	28,808	29,581	61,803	16,399	1,937,250	76.01
76.02	0	0	0	0	0	76.02
76.03	1,566	13,161	4,643	0	731,253	76.03
76.04	17,410	17,877	9,894	1,325	1,028,507	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
91.00	63,277	64,989	55,950	82,822	3,828,948	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00
95.00	0	0	0	0	0	95.00
96.00	0	0	0	0	0	96.00
97.00	0	0	0	0	0	97.00
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
99.10	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				INSERVICE EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,191,920	1,027,990	1,167,190	504,279	95,301,443	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,061	0	0	0	127,728	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OCCUPATIONAL MEDICINE	9,301	9,551	0	110	952,085	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	2,270	0	0	0	1,233,662	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,205,552	1,037,541	1,167,190	504,389	97,614,918	202.00

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
18.00	INSERVICE EDUCATION			18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	17,371,197	30.00
31.00	INTENSIVE CARE UNIT	0	4,350,178	31.00
40.00	SUBPROVIDER - IPF	0	2,921,555	40.00
41.00	SUBPROVIDER - IRF	0	3,157,042	41.00
43.00	NURSERY	0	1,038,172	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	7,619,135	50.00
51.00	RECOVERY ROOM	0	963,759	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,508,893	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,168,022	54.00
54.01	ULTRASOUND	0	350,971	54.01
54.02	MAMMOGRAPHY	0	542,557	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	1,891,224	55.00
56.00	RADIOISOTOPE	0	1,055,411	56.00
57.00	CT SCAN	0	881,093	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	412,058	58.00
59.00	CARDIAC CATHETERIZATION	0	1,585,752	59.00
60.00	LABORATORY	0	4,042,956	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,169,371	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,974,708	65.00
66.00	PHYSICAL THERAPY	0	2,834,409	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,374,451	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	214,666	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,503,530	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	6,153,744	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	12,921,389	73.00
74.00	RENAL DIALYSIS	0	693,685	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	LITHOTRIPSY	0	75,557	76.00
76.01	ENDOSCOPY	0	1,937,250	76.01
76.02		0	0	76.02
76.03	WOUND CARE	0	731,253	76.03
76.04	OPIC	0	1,028,507	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	3,828,948	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	95,301,443	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127,728	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
194.00	OCCUPATIONAL MEDICINE	0	952,085	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	1,233,662	194.01
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	97,614,918	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00	180	42,400	54,085	96,665	96,665	4.00
5.00	1,619,530	189,995	242,357	2,051,882	8,336	5.00
7.00	0	921,913	1,175,987	2,097,900	1,853	7.00
8.00	0	40,037	51,070	91,107	98	8.00
9.00	0	14,405	18,374	32,779	2,336	9.00
10.00	0	65,397	83,420	148,817	1,017	10.00
11.00	0	41,710	53,205	94,915	1,082	11.00
13.00	167	11,193	14,278	25,638	1,643	13.00
16.00	0	51,682	65,926	117,608	1,119	16.00
18.00	0	31,240	39,850	71,090	512	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	706,230	900,862	1,607,092	18,895	30.00
31.00	0	120,177	153,297	273,474	5,582	31.00
40.00	0	108,498	138,399	246,897	3,321	40.00
41.00	0	128,985	164,533	293,518	2,904	41.00
43.00	0	11,804	15,057	26,861	1,483	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	285,185	363,780	648,965	8,495	50.00
51.00	0	17,808	22,716	40,524	1,377	51.00
52.00	0	81,204	103,583	184,787	3,035	52.00
53.00	0	0	0	0	0	53.00
54.00	0	86,699	110,592	197,291	2,224	54.00
54.01	0	4,590	5,856	10,446	446	54.01
54.02	0	16,903	21,562	38,465	536	54.02
55.00	0	69,841	89,088	158,929	1,448	55.00
56.00	0	8,389	10,702	19,091	474	56.00
57.00	0	18,113	23,105	41,218	658	57.00
58.00	0	11,759	14,999	26,758	346	58.00
59.00	0	25,926	33,071	58,997	1,726	59.00
60.00	0	60,513	77,190	137,703	3,620	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	3,618	4,615	8,233	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	18,531	23,639	42,170	2,982	65.00
66.00	288	86,032	109,741	196,061	3,458	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	24,784	31,614	56,398	1,417	69.00
70.00	197	12,324	15,721	28,242	160	70.00
71.00	75	96,004	122,462	218,541	633	71.00
72.00	0	0	0	0	0	72.00
73.00	0	30,358	38,725	69,083	4,293	73.00
74.00	0	5,337	6,807	12,144	1	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	0	21,765	27,763	49,528	2,293	76.01
76.02	0	0	0	0	0	76.02
76.03	0	19,538	24,922	44,460	125	76.03
76.04	0	43,248	55,166	98,414	1,187	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
91.00	0	116,243	148,278	264,521	4,562	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00
95.00	0	0	0	0	0	95.00
96.00	0	0	0	0	0	96.00
97.00	0	0	0	0	0	97.00
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
99.10 CORF	0	0	0	0	0	0 99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,620,437	3,650,378	4,656,397	9,927,212	95,677	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,863	8,754	15,617	82	190.00
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OCCUPATIONAL MEDICINE	0	42,400	54,085	96,485	632	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	33,750	43,051	76,801	274	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,620,437	3,733,391	4,762,287	10,116,115	96,665	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLOG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	2,060,218					5.00
7.00	OPERATION OF PLANT	131,695	2,231,448				7.00
8.00	LAUNDRY & LINEN SERVICE	14,626	34,640	140,471			8.00
9.00	HOUSEKEEPING	35,336	12,463	0	82,914		9.00
10.00	DIETARY	32,072	56,582	0	2,148	240,636	10.00
11.00	CAFETERIA	22,718	36,088	0	1,370	0	11.00
13.00	NURSING ADMINISTRATION	20,848	9,685	0	368	0	13.00
16.00	MEDICAL RECORDS & LIBRARY	20,747	44,716	0	1,697	0	16.00
18.00	INSERVICE EDUCATION	8,293	27,029	0	1,026	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	278,738	611,038	53,284	23,194	121,653	30.00
31.00	INTENSIVE CARE UNIT	77,490	103,979	9,329	3,947	6,103	31.00
40.00	SUBPROVIDER - IPF	46,776	93,873	4,195	3,563	27,708	40.00
41.00	SUBPROVIDER -. TRF	51,328	111,599	9,180	4,236	22,266	41.00
43.00	NURSERY	19,870	10,213	0	388	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	131,713	246,745	12,019	9,366	0	50.00
51.00	RECOVERY ROOM	18,020	15,408	0	585	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	44,350	70,258	6,191	2,667	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	36,919	75,013	5,145	2,847	0	54.00
54.01	ULTRASOUND	6,630	3,972	0	151	0	54.01
54.02	MAMMOGRAPHY	9,715	14,625	0	555	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	33,858	60,427	0	2,294	0	55.00
56.00	RADIOISOTOPE	21,028	7,259	0	276	0	56.00
57.00	CT SCAN	16,006	15,672	0	595	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7,578	10,174	0	386	0	58.00
59.00	CARDIAC CATHETERIZATION	29,809	22,431	0	851	0	59.00
60.00	LABORATORY	77,476	52,356	0	1,987	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	24,154	3,130	0	119	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	38,611	16,034	0	609	0	65.00
66.00	PHYSICAL THERAPY	51,237	74,435	2,508	2,825	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	25,763	21,443	758	814	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,627	10,663	0	405	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	147,172	83,064	20,057	3,153	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	129,161	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	264,089	26,266	0	997	0	73.00
74.00	RENAL DIALYSIS	14,086	4,617	0	175	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	LITHOTRIPSY	1,576	0	0	0	0	76.00
76.01	ENDOSCOPY	36,581	18,831	0	715	0	76.01
76.02		0	0	0	0	0	76.02
76.03	WOUND CARE	13,541	16,904	1,740	642	0	76.03
76.04	OPIC	17,731	37,418	1,420	1,420	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	65,841	100,574	14,645	3,818	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0 113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0 114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,026,809	2,159,624	140,471	80,189	177,730	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,204	5,938	0	225	0	0 190.00
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00 OCCUPATIONAL MEDICINE	16,923	36,685	0	1,392	0	0 194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	14,282	29,201	0	1,108	62,906	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	2,060,218	2,231,448	140,471	82,914	240,636	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				INSERVICE EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.00						5.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	156,173					11.00
13.00	1,950	60,132				13.00
16.00	3,129	0	189,016			16.00
18.00	943	433	0	109,326		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	39,725	18,250	7,176	30,841	2,809,886	30.00
31.00	9,492	4,361	2,585	9,945	506,287	31.00
40.00	7,283	3,346	3,004	3,231	443,197	40.00
41.00	5,767	2,713	1,345	3,267	508,123	41.00
43.00	2,596	1,192	665	3,351	66,619	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	16,177	7,432	20,888	9,921	1,111,721	50.00
51.00	1,988	913	3,027	1,089	82,931	51.00
52.00	5,295	2,432	2,205	5,386	326,606	52.00
53.00	0	0	0	0	0	53.00
54.00	5,412	2,486	3,509	3,255	334,101	54.00
54.01	716	329	890	1,281	24,861	54.01
54.02	1,089	500	656	1,915	68,056	54.02
55.00	2,406	1,159	3,318	2,537	266,376	55.00
56.00	721	331	3,250	383	52,813	56.00
57.00	1,336	614	7,161	335	83,595	57.00
58.00	594	0	1,709	311	47,856	58.00
59.00	2,344	1,077	8,798	455	126,488	59.00
60.00	8,782	0	17,215	2,310	301,449	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	2,223	0	37,859	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	5,520	0	4,814	3,375	114,115	65.00
66.00	5,004	2,455	4,453	3,854	346,290	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	2,985	1,397	3,996	203	115,174	69.00
70.00	303	0	301	96	43,797	70.00
71.00	1,904	875	14,648	24	490,071	71.00
72.00	0	0	5,496	0	134,657	72.00
73.00	6,550	0	42,551	144	413,973	73.00
74.00	9	4	1,553	0	32,589	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	145	0	1,721	76.00
76.01	3,732	1,714	10,014	3,554	126,962	76.01
76.02	0	0	0	0	0	76.02
76.03	203	763	752	0	79,130	76.03
76.04	2,255	1,036	1,603	287	162,771	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
91.00	8,197	3,766	9,066	17,952	492,942	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	0	0	0	0	0	94.00
95.00	0	0	0	0	0	95.00
96.00	0	0	0	0	0	96.00
97.00	0	0	0	0	0	97.00
98.00	0	0	0	0	0	98.00
99.00	0	0	0	0	0	99.00
99.10	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE	Subtotal	
				INSERVICE EDUCATION		
	11.00	13.00	16.00	18.00	24.00	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	154,407	59,578	189,016	109,302	9,753,016	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	267	0	0	0	24,333	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OCCUPATIONAL MEDICINE	1,205	554	0	24	153,900	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	294	0	0	0	184,866	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	156,173	60,132	189,016	109,326	10,116,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT			1.00
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
18.00	INSERVICE EDUCATION			18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,809,886	30.00
31.00	INTENSIVE CARE UNIT	0	506,287	31.00
40.00	SUBPROVIDER - IPF	0	443,197	40.00
41.00	SUBPROVIDER - IRF	0	508,123	41.00
43.00	NURSERY	0	66,619	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,111,721	50.00
51.00	RECOVERY ROOM	0	82,931	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	326,606	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	334,101	54.00
54.01	ULTRASOUND	0	24,861	54.01
54.02	MAMMOGRAPHY	0	68,056	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	266,376	55.00
56.00	RADIOISOTOPE	0	52,813	56.00
57.00	CT SCAN	0	83,595	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	47,856	58.00
59.00	CARDIAC CATHETERIZATION	0	126,488	59.00
60.00	LABORATORY	0	301,449	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	37,859	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	114,115	65.00
66.00	PHYSICAL THERAPY	0	346,290	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	115,174	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	43,797	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	490,071	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	134,657	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	413,973	73.00
74.00	RENAL DIALYSIS	0	32,589	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	LITHOTRIPSY	0	1,721	76.00
76.01	ENDOSCOPY	0	126,962	76.01
76.02		0	0	76.02
76.03	WOUND CARE	0	79,130	76.03
76.04	OPIC	0	162,771	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	492,942	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	0	0	105.00
106.00 HEART ACQUISITION	0	0	106.00
107.00 LIVER ACQUISITION	0	0	107.00
108.00 LUNG ACQUISITION	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	9,753,016	118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,333	190.00
191.00 RESEARCH	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00 NONPAID WORKERS	0	0	193.00
194.00 OCCUPATIONAL MEDICINE	0	153,900	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	184,866	194.01
200.00 Cross Foot Adjustments	0	0	200.00
201.00 Negative Cost Centers	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	10,116,115	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT	330,197					1.00
2.00 CAP REL COSTS-MVBLE EQUIP		330,197				2.00
4.00 EMPLOYEE BENEFITS	3,750	3,750	35,532,289			4.00
5.00 ADMINISTRATIVE & GENERAL	16,804	16,804	3,064,605	-15,177,276	82,437,642	5.00
7.00 OPERATION OF PLANT	81,538	81,538	681,203	0	5,269,696	7.00
8.00 LAUNDRY & LINEN SERVICE	3,541	3,541	35,882	0	585,265	8.00
9.00 HOUSEKEEPING	1,274	1,274	858,816	0	1,413,942	9.00
10.00 DIETARY	5,784	5,784	373,756	0	1,283,351	10.00
11.00 CAFETERIA	3,689	3,689	397,740	0	909,042	11.00
13.00 NURSING ADMINISTRATION	990	990	603,900	0	834,238	13.00
16.00 MEDICAL RECORDS & LIBRARY	4,571	4,571	411,373	0	830,170	16.00
18.00 INSERVICE EDUCATION	2,763	2,763	188,085	0	331,820	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	62,462	62,462	6,941,530	0	11,152,770	30.00
31.00 INTENSIVE CARE UNIT	10,629	10,629	2,052,154	0	3,100,715	31.00
40.00 SUBPROVIDER - IPF	9,596	9,596	1,220,964	0	1,871,730	40.00
41.00 SUBPROVIDER - IRF	11,408	11,408	1,067,559	0	2,053,852	41.00
43.00 NURSERY	1,044	1,044	545,161	0	795,070	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	25,223	25,223	3,123,304	0	5,270,406	50.00
51.00 RECOVERY ROOM	1,575	1,575	506,230	0	721,063	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,182	7,182	1,115,851	0	1,774,624	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,668	7,668	817,742	0	1,477,308	54.00
54.01 ULTRASOUND	406	406	164,050	0	265,306	54.01
54.02 MAMMOGRAPHY	1,495	1,495	197,067	0	388,730	54.02
55.00 RADIOLOGY-THERAPEUTIC	6,177	6,177	532,247	0	1,354,796	55.00
56.00 RADIOISOTOPE	742	742	174,165	0	841,422	56.00
57.00 CT SCAN	1,602	1,602	241,738	0	640,460	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	1,040	1,040	127,132	0	303,248	58.00
59.00 CARDIAC CATHETERIZATION	2,293	2,293	634,433	0	1,192,801	59.00
60.00 LABORATORY	5,352	5,352	1,330,981	0	3,100,142	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	320	320	0	0	966,511	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,639	1,639	1,096,461	0	1,544,996	65.00
66.00 PHYSICAL THERAPY	7,609	7,609	1,271,423	0	2,050,220	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	2,192	2,192	520,897	0	1,030,907	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,090	1,090	58,772	0	145,146	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	8,491	232,700	0	5,888,987	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,168,309	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,685	2,685	1,578,368	0	10,567,365	73.00
74.00 RENAL DIALYSIS	472	472	538	0	563,653	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	0	0	0	0	63,051	76.00
76.01 ENDOSCOPY	1,925	1,925	843,017	0	1,463,776	76.01
76.02	0	0	0	0	0	76.02
76.03 WOUND CARE	1,728	1,728	45,876	0	541,847	76.03
76.04 OPIC	3,825	3,825	436,396	0	709,486	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	10,281	10,281	1,677,191	0	2,634,585	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	322,855	322,855	35,169,307	-15,177,276	81,100,806		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	607	30,016	0	88,181		190.00
191.00 RESEARCH	0	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0	0		193.00
194.00 OCCUPATIONAL MEDICINE	3,750	3,750	232,356	0	677,167		194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	2,985	2,985	100,610	0	571,488		194.01
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,733,391	4,762,287	6,722,244		15,177,276		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.306556	14.422563	0.189187		0.184106		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			96,665		2,060,218		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002720		0.024991		205.00

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT	228,105					7.00
8.00	LAUNDRY & LINEN SERVICE	3,541	13,160				8.00
9.00	HOUSEKEEPING	1,274	0	223,290			9.00
10.00	DIETARY	5,784	0	5,784	133,937		10.00
11.00	CAFETERIA	3,689	0	3,689	0	1,108,980	11.00
13.00	NURSING ADMINISTRATION	990	0	990	0	13,849	13.00
16.00	MEDICAL RECORDS & LIBRARY	4,571	0	4,571	0	22,218	16.00
18.00	INSERVICE EDUCATION	2,763	0	2,763	0	6,693	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	62,462	4,992	62,462	67,712	282,091	30.00
31.00	INTENSIVE CARE UNIT	10,629	874	10,629	3,397	67,404	31.00
40.00	SUBPROVIDER - IPF	9,596	393	9,596	15,422	51,716	40.00
41.00	SUBPROVIDER - IRF	11,408	860	11,408	12,393	40,951	41.00
43.00	NURSERY	1,044	0	1,044	0	18,432	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	25,223	1,126	25,223	0	114,874	50.00
51.00	RECOVERY ROOM	1,575	0	1,575	0	14,115	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,182	580	7,182	0	37,598	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY--DIAGNOSTIC	7,668	482	7,668	0	38,432	54.00
54.01	ULTRASOUND	406	0	406	0	5,087	54.01
54.02	MAMMOGRAPHY	1,495	0	1,495	0	7,731	54.02
55.00	RADIOLOGY--THERAPEUTIC	6,177	0	6,177	0	17,082	55.00
56.00	RADIOISOTOPE	742	0	742	0	5,118	56.00
57.00	CT SCAN	1,602	0	1,602	0	9,484	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,040	0	1,040	0	4,217	58.00
59.00	CARDIAC CATHETERIZATION	2,293	0	2,293	0	16,646	59.00
60.00	LABORATORY	5,352	0	5,352	0	62,359	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	320	0	320	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,639	0	1,639	0	39,196	65.00
66.00	PHYSICAL THERAPY	7,609	235	7,609	0	35,532	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,192	71	2,192	0	21,199	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,090	0	1,090	0	2,151	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,491	1,879	8,491	0	13,520	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,685	0	2,685	0	46,514	73.00
74.00	RENAL DIALYSIS	472	0	472	0	67	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	ENDOSCOPY	1,925	0	1,925	0	26,500	76.01
76.02		0	0	0	0	0	76.02
76.03	WOUND CARE	1,728	163	1,728	0	1,441	76.03
76.04	OPIC	3,825	133	3,825	0	16,015	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	10,281	1,372	10,281	0	58,208	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	7.00	8.00	9.00	10.00	11.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	220,763	13,160	215,948	98,924	1,096,440	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	607	0	607	0	1,896	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 OCCUPATIONAL MEDICINE	3,750	0	3,750	0	8,556	194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	2,985	0	2,985	35,013	2,088	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	6,239,879	789,881	1,709,108	1,722,119	1,205,552	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	27.355293	60.021353	7.654208	12.857679	1.087082	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	2,231,448	140,471	82,914	240,636	156,173	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	9.782548	10.674088	0.371329	1.796636	0.140826	205.00

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
			INSERVICE EDUCATION (TIME SPENT)		
			18.00		
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION	929,481				13.00
16.00 MEDICAL RECORDS & LIBRARY	0	456,801,417			16.00
18.00 INSERVICE EDUCATION	6,693	0	9,135		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	282,091	17,332,660	2,577		30.00
31.00 INTENSIVE CARE UNIT	67,404	6,243,549	831		31.00
40.00 SUBPROVIDER - IPF	51,716	7,256,990	270		40.00
41.00 SUBPROVIDER - IRF	41,943	3,249,732	273		41.00
43.00 NURSERY	18,432	1,605,991	280		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	114,874	50,453,347	829		50.00
51.00 RECOVERY ROOM	14,115	7,310,805	91		51.00
52.00 DELIVERY ROOM & LABOR ROOM	37,598	5,327,220	450		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	38,432	8,474,959	272		54.00
54.01 ULTRASOUND	5,087	2,149,006	107		54.01
54.02 MAMMOGRAPHY	7,731	1,585,730	160		54.02
55.00 RADIOLOGY-THERAPEUTIC	17,914	8,013,671	212		55.00
56.00 RADIOISOTOPE	5,118	7,850,237	32		56.00
57.00 CT SCAN	9,484	17,296,323	28		57.00
58.00 MAGNETIC RESDNANCE IMAGING (MRI)	0	4,129,180	26		58.00
59.00 CARDIAC CATHETERIZATION	16,646	21,251,150	38		59.00
60.00 LABORATORY	0	41,582,386	193		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,368,495	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	11,627,639	282		65.00
66.00 PHYSICAL THERAPY	37,944	10,754,833	322		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	21,591	9,651,749	17		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	727,030	8		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,520	35,381,539	2		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	13,275,018	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	103,021,828	12		73.00
74.00 RENAL DIALYSIS	67	3,752,180	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 LITHOTRIPSY	0	351,314	0		76.00
76.01 ENDOSCOPY	26,500	24,188,932	297		76.01
76.02	0	0	0		76.02
76.03 WOUND CARE	11,790	1,817,071	0		76.03
76.04 OPIC	16,015	3,872,471	24		76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	58,220	21,898,382	1,500		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet B-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		
			INSERVICE EDUCATION (TIME SPENT)		
99.00 CMHC	13.00	16.00	18.00		99.00
99.10 CORF	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	920,925	456,801,417	9,133		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0		193.00
194.00 OCCUPATIONAL MEDICINE	8,556	0	2		194.00
194.01 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.01
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per wkst. B, Part I)	1,037,541	1,167,190	504,389		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.116258	0.002555	55.214997		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	60,132	189,016	109,326		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.064694	0.000414	11.967816		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		PPS	
			Costs			
			Total Costs	RCE Disallowance		Total Costs
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,371,197		17,371,197	13,622	17,384,819	30.00
31.00 INTENSIVE CARE UNIT	4,350,178		4,350,178	0	4,350,178	31.00
40.00 SUBPROVIDER - IPF	2,921,555		2,921,555	0	2,921,555	40.00
41.00 SUBPROVIDER - IRF	3,157,042		3,157,042	0	3,157,042	41.00
43.00 NURSERY	1,038,172		1,038,172	0	1,038,172	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
46.00 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,619,135		7,619,135	6,165	7,625,300	50.00
51.00 RECOVERY ROOM	963,759		963,759	0	963,759	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,508,893		2,508,893	0	2,508,893	52.00
53.00 ANESTHESIOLOGY	0		0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,168,022		2,168,022	0	2,168,022	54.00
54.01 ULTRASOUND	350,971		350,971	0	350,971	54.01
54.02 MAMMOGRAPHY	542,557		542,557	0	542,557	54.02
55.00 RADIOLOGY-THERAPEUTIC	1,891,224		1,891,224	0	1,891,224	55.00
56.00 RADIOISOTOPE	1,055,411		1,055,411	0	1,055,411	56.00
57.00 CT SCAN	881,093		881,093	0	881,093	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	412,058		412,058	0	412,058	58.00
59.00 CARDIAC CATHETERIZATION	1,585,752		1,585,752	0	1,585,752	59.00
60.00 LABORATORY	4,042,956		4,042,956	0	4,042,956	60.00
60.01 BLOOD LABORATORY	0		0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,169,371		1,169,371	0	1,169,371	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,974,708	0	1,974,708	0	1,974,708	65.00
66.00 PHYSICAL THERAPY	2,834,409	0	2,834,409	0	2,834,409	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,374,451		1,374,451	5,430	1,379,881	69.00
70.00 ELECTROENCEPHALOGRAPHY	214,666		214,666	0	214,666	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,503,530		7,503,530	0	7,503,530	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	6,153,744		6,153,744	0	6,153,744	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,921,389		12,921,389	0	12,921,389	73.00
74.00 RENAL DIALYSIS	693,685		693,685	0	693,685	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00 LITHOTRIPSY	75,557		75,557	0	75,557	76.00
76.01 ENDOSCOPY	1,937,250		1,937,250	86,333	2,023,583	76.01
76.02	0		0	0	0	76.02
76.03 WOUND CARE	731,253		731,253	14,871	746,124	76.03
76.04 OPIC	1,028,507		1,028,507	0	1,028,507	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	0		0	0	0	90.00
91.00 EMERGENCY	3,828,948		3,828,948	7,815	3,836,763	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,999,521		1,999,521	0	1,999,521	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 AMBULANCE SERVICES	0		0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 HEART ACQUISITION	0		0	0	0	106.00
107.00 LIVER ACQUISITION	0		0	0	0	107.00
108.00 LUNG ACQUISITION	0		0	0	0	108.00
109.00 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	111.00
113.00 INTEREST EXPENSE	0		0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

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	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	97,300,964	0	97,300,964	134,236	97,435,200	200.00
201.00 Less Observation Beds	1,999,521		1,999,521		1,999,521	201.00
202.00 Total (see instructions)	95,301,443	0	95,301,443	134,236	95,435,679	202.00

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,459,041		14,459,041			30.00
31.00	INTENSIVE CARE UNIT	6,243,549		6,243,549			31.00
40.00	SUBPROVIDER - IPF	7,256,990		7,256,990			40.00
41.00	SUBPROVIDER - IRF	3,249,732		3,249,732			41.00
43.00	NURSERY	1,605,991		1,605,991			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	20,155,125	30,298,222	50,453,347	0.151013	0.000000	50.00
51.00	RECOVERY ROOM	2,232,759	5,078,046	7,310,805	0.131827	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,198,668	128,552	5,327,220	0.470957	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,777,297	5,697,662	8,474,959	0.255815	0.000000	54.00
54.01	ULTRASOUND	574,935	1,574,071	2,149,006	0.163318	0.000000	54.01
54.02	MAMMOGRAPHY	14,191	1,571,539	1,585,730	0.342150	0.000000	54.02
55.00	RADIOLOGY-THERAPEUTIC	339,883	7,673,788	8,013,671	0.236000	0.000000	55.00
56.00	RADIOISOTOPE	731,645	7,118,592	7,850,237	0.134443	0.000000	56.00
57.00	CT SCAN	6,229,462	11,066,861	17,296,323	0.050941	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,213,216	2,915,964	4,129,180	0.099792	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	8,923,749	12,327,401	21,251,150	0.074620	0.000000	59.00
60.00	LABORATORY	21,793,512	19,788,874	41,582,386	0.097228	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,468,011	900,484	5,368,495	0.217821	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	11,048,369	579,270	11,627,639	0.169829	0.000000	65.00
66.00	PHYSICAL THERAPY	7,708,849	3,045,984	10,754,833	0.263547	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,043,046	4,608,703	9,651,749	0.142404	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	323,845	403,185	727,030	0.295264	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,413,673	16,967,866	35,381,539	0.212075	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	6,133,050	7,141,968	13,275,018	0.463558	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	63,103,343	39,918,485	103,021,828	0.125424	0.000000	73.00
74.00	RENAL DIALYSIS	3,723,307	28,873	3,752,180	0.184875	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	LITHOTRIPSY	6,301	345,013	351,314	0.215070	0.000000	76.00
76.01	ENDOSCOPY	1,799,976	22,388,956	24,188,932	0.080088	0.000000	76.01
76.02		0	0	0	0.000000	0.000000	76.02
76.03	WOUND CARE	38,759	1,778,312	1,817,071	0.402435	0.000000	76.03
76.04	OPIC	99,358	3,773,113	3,872,471	0.265595	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	5,445,866	16,452,516	21,898,382	0.174851	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	709,220	2,164,399	2,873,619	0.695820	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE	0	0	0			113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	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		
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	231,064,718	225,736,699	456,801,417			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	231,064,718	225,736,699	456,801,417			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.151136			50.00
51.00	RECOVERY ROOM	0.131827			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815			54.00
54.01	ULTRASOUND	0.163318			54.01
54.02	MAMMOGRAPHY	0.342150			54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000			55.00
56.00	RADIOISOTOPE	0.134443			56.00
57.00	CT SCAN	0.050941			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792			58.00
59.00	CARDIAC CATHETERIZATION	0.074620			59.00
60.00	LABORATORY	0.097228			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.169829			65.00
66.00	PHYSICAL THERAPY	0.263547			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.142967			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424			73.00
74.00	RENAL DIALYSIS	0.184875			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	LITHOTRIPSY	0.215070			76.00
76.01	ENDOSCOPY	0.083657			76.01
76.02		0.000000			76.02
76.03	WOUND CARE	0.410619			76.03
76.04	OPIC	0.265595			76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.175208			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
201.00	Less Observation Beds	11.00			201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
			Total Costs	RCE Disallowance	Total Costs		
							3.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	17,371,197		17,371,197	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,350,178		4,350,178	0	0	0	31.00
40.00 SUBPROVIDER - IPF	2,921,555		2,921,555	0	0	0	40.00
41.00 SUBPROVIDER - IRF	3,157,042		3,157,042	0	0	0	41.00
43.00 NURSERY	1,038,172		1,038,172	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	7,619,135		7,619,135	0	0	0	50.00
51.00 RECOVERY ROOM	963,759		963,759	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,508,893		2,508,893	0	0	0	52.00
53.00 ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,168,022		2,168,022	0	0	0	54.00
54.01 ULTRASOUND	350,971		350,971	0	0	0	54.01
54.02 MAMMOGRAPHY	542,557		542,557	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	1,891,224		1,891,224	0	0	0	55.00
56.00 RADIOISOTOPE	1,055,411		1,055,411	0	0	0	56.00
57.00 CT SCAN	881,093		881,093	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	412,058		412,058	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	1,585,752		1,585,752	0	0	0	59.00
60.00 LABORATORY	4,042,956		4,042,956	0	0	0	60.00
60.01 BLOOD LABORATORY	0		0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,169,371		1,169,371	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,974,708	0	1,974,708	0	0	0	65.00
66.00 PHYSICAL THERAPY	2,834,409	0	2,834,409	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,374,451		1,374,451	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	214,666		214,666	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,503,530		7,503,530	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	6,153,744		6,153,744	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,921,389		12,921,389	0	0	0	73.00
74.00 RENAL DIALYSIS	693,685		693,685	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00 LITHOTRIPSY	75,557		75,557	0	0	0	76.00
76.01 ENDOSCOPY	1,937,250		1,937,250	0	0	0	76.01
76.02	0		0	0	0	0	76.02
76.03 WOUND CARE	731,253		731,253	0	0	0	76.03
76.04 OPIC	1,028,507		1,028,507	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00 CLINIC	0		0	0	0	0	90.00
91.00 EMERGENCY	3,828,948		3,828,948	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,999,521		1,999,521	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00 CMHC	0		0	0	0	0	99.00
99.10 CORF	0		0	0	0	0	99.10
100.00 I&R SERVICES-NDT APPRVD PRGM	0		0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0		0	0	0	0	105.00
106.00 HEART ACQUISITION	0		0	0	0	0	106.00
107.00 LIVER ACQUISITION	0		0	0	0	0	107.00
108.00 LUNG ACQUISITION	0		0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0		0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0		0	0	0	0	110.00
111.00 ISLET ACQUISITION	0		0	0	0	0	111.00
113.00 INTEREST EXPENSE	0		0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0		0	0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Total Costs
			Title XIX		Hospital	
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	97,300,964	0	97,300,964	0	0	200.00
201.00 Less Observation Beds	1,999,521		1,999,521		0	201.00
202.00 Total (see instructions)	95,301,443	0	95,301,443	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Charges			Hospital Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	14,459,041		14,459,041		30.00
31.00	INTENSIVE CARE UNIT	6,243,549		6,243,549		31.00
40.00	SUBPROVIDER - IPF	7,256,990		7,256,990		40.00
41.00	SUBPROVIDER - IRF	3,249,732		3,249,732		41.00
43.00	NURSERY	1,605,991		1,605,991		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	20,155,125	30,298,222	50,453,347	0.151013	50.00
51.00	RECOVERY ROOM	2,232,759	5,078,046	7,310,805	0.131827	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,198,668	128,552	5,327,220	0.470957	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,777,297	5,697,662	8,474,959	0.255815	54.00
54.01	ULTRASOUND	574,935	1,574,071	2,149,006	0.163318	54.01
54.02	MAMMOGRAPHY	14,191	1,571,539	1,585,730	0.342150	54.02
55.00	RADIOLOGY-THERAPEUTIC	339,883	7,673,788	8,013,671	0.236000	55.00
56.00	RADIOISOTOPE	731,645	7,118,592	7,850,237	0.134443	56.00
57.00	CT SCAN	6,229,462	11,066,861	17,296,323	0.050941	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,213,216	2,915,964	4,129,180	0.099792	58.00
59.00	CARDIAC CATHETERIZATION	8,923,749	12,327,401	21,251,150	0.074620	59.00
60.00	LABORATORY	21,793,512	19,788,874	41,582,386	0.097228	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,468,011	900,484	5,368,495	0.217821	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	RESPIRATORY THERAPY	11,048,369	579,270	11,627,639	0.169829	65.00
66.00	PHYSICAL THERAPY	7,708,849	3,045,984	10,754,833	0.263547	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	5,043,046	4,608,703	9,651,749	0.142404	69.00
70.00	ELECTROENCEPHALOGRAPHY	323,845	403,185	727,030	0.295264	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,413,673	16,967,866	35,381,539	0.212075	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	6,133,050	7,141,968	13,275,018	0.463558	72.00
73.00	DRUGS CHARGED TO PATIENTS	63,103,343	39,918,485	103,021,828	0.125424	73.00
74.00	RENAL DIALYSIS	3,723,307	28,873	3,752,180	0.184875	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	LITHOTRIPSY	6,301	345,013	351,314	0.215070	76.00
76.01	ENDOSCOPY	1,799,976	22,388,956	24,188,932	0.080088	76.01
76.02		0	0	0	0.000000	76.02
76.03	WOUND CARE	38,759	1,778,312	1,817,071	0.402435	76.03
76.04	OPIC	99,358	3,773,113	3,872,471	0.265595	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	0	0	0	0.000000	90.00
91.00	EMERGENCY	5,445,866	16,452,516	21,898,382	0.174851	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	709,220	2,164,399	2,873,619	0.695820	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XIX			Hospital	Cost	
	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		
116.00 HOSPICE	0	0	0			116.00
200.00 Subtotal (see instructions)	231,064,718	225,736,699	456,801,417			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	231,064,718	225,736,699	456,801,417			202.00

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	ULTRASOUND	0.000000			54.01
54.02	MAMMOGRAPHY	0.000000			54.02
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	LITHOTRIPSY	0.000000			76.00
76.01	ENDOSCOPY	0.000000			76.01
76.02		0.000000			76.02
76.03	WOUND CARE	0.000000			76.03
76.04	OPIC	0.000000			76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000			98.00
99.00	CMHC				99.00
99.10	CORF				99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	KIDNEY ACQUISITION				105.00
106.00	HEART ACQUISITION				106.00
107.00	LIVER ACQUISITION				107.00
108.00	LUNG ACQUISITION				108.00
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
113.00	INTEREST EXPENSE				113.00
114.00	UTILIZATION REVIEW-SNF				114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet C
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,809,886	0	2,809,886	22,484	124.97	30.00
31.00 INTENSIVE CARE UNIT	506,287		506,287	3,239	156.31	31.00
40.00 SUBPROVIDER - IPF	443,197	0	443,197	4,174	106.18	40.00
41.00 SUBPROVIDER - IRF	508,123	0	508,123	3,579	141.97	41.00
43.00 NURSERY	66,619		66,619	1,610	41.38	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	4,334,112		4,334,112	35,086		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 2/13/2012 12:30 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	11,973	1,496,266	30.00
31.00 INTENSIVE CARE UNIT	2,112	330,127	31.00
40.00 SUBPROVIDER - IPF	1,923	204,184	40.00
41.00 SUBPROVIDER - IRF	3,058	434,144	41.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	19,066	2,464,721	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part II
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital Inpatient Program Charges	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)		Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,111,721	50,453,347	0.022035	10,539,240	232,232	50.00
51.00 RECOVERY ROOM	82,931	7,310,805	0.011344	1,113,304	12,629	51.00
52.00 DELIVERY ROOM & LABOR ROOM	326,606	5,327,220	0.061309	10,606	650	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	334,101	8,474,959	0.039422	1,645,086	64,853	54.00
54.01 ULTRASOUND	24,861	2,149,006	0.011569	334,737	3,873	54.01
54.02 MAMMOGRAPHY	68,056	1,585,730	0.042918	2,879	124	54.02
55.00 RADIOLOGY-THERAPEUTIC	266,376	8,013,671	0.033240	218,054	7,248	55.00
56.00 RADIOISOTOPE	52,813	7,850,237	0.006728	469,178	3,157	56.00
57.00 CT SCAN	83,595	17,296,323	0.004833	3,615,484	17,474	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	47,856	4,129,180	0.011590	626,151	7,257	58.00
59.00 CARDIAC CATHETERIZATION	126,488	21,251,150	0.005952	5,125,514	30,507	59.00
60.00 LABORATORY	301,449	41,582,386	0.007249	11,714,712	84,920	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	37,859	5,368,495	0.007052	3,193,092	22,518	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00 RESPIRATORY THERAPY	114,115	11,627,639	0.009814	7,242,815	71,081	65.00
66.00 PHYSICAL THERAPY	346,290	10,754,833	0.032199	1,445,589	46,547	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	115,174	9,651,749	0.011933	3,196,134	38,139	69.00
70.00 ELECTROENCEPHALOGRAPHY	43,797	727,030	0.060241	184,368	11,107	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	490,071	35,381,539	0.013851	10,270,800	142,261	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	134,657	13,275,018	0.010144	3,895,904	39,520	72.00
73.00 DRUGS CHARGED TO PATIENTS	413,973	103,021,828	0.004018	35,227,115	141,543	73.00
74.00 RENAL DIALYSIS	32,589	3,752,180	0.008685	2,576,583	22,378	74.00
75.00 ASC (NDN-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 LITHOTRIPSY	1,721	351,314	0.004899	0	0	76.00
76.01 ENDOSCOPY	126,962	24,188,932	0.005249	1,215,568	6,381	76.01
76.02	0	0	0.000000	0	0	76.02
76.03 WOUND CARE	79,130	1,817,071	0.043548	36,739	1,600	76.03
76.04 OPIC	162,771	3,872,471	0.042033	32,659	1,373	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	0	0	0.000000	0	0	90.00
91.00 EMERGENCY	492,942	21,898,382	0.022510	2,651,282	59,680	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	323,181	2,873,619	0.112465	333,354	37,491	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00 Total (lines 50-199)	5,742,085	423,986,114		106,916,947	1,106,543	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/13/2012 12:30 pm
---	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	NURSERY	0	0	0	0	0 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
200.00	Total (lines 30-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS Provider CCN: 150046 Period: From 09/01/2010 To 08/31/2011 Worksheet D Part III Date/Time Prepared: 2/13/2012 12:30 pm

Cost Center Description	Total Patient Days	Title XVIII			Hospital PPS		
		Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	22,484	0.00	11,973	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,239	0.00	2,112	0	0	0	31.00
40.00 SUBPROVIDER - IPF	4,174	0.00	1,923	0	0	0	40.00
41.00 SUBPROVIDER - IRF	3,579	0.00	3,058	0	0	0	41.00
43.00 NURSERY	1,610	0.00	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00
200.00 Total (lines 30-199)	35,086		19,066	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 2/13/2012 12:30 pm
---	----------------------	---	--

Cost Center Description	Title XVIII		Hospital	PPS
	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII					Total Cost (sum of col 1 through col. 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Hospital		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 MAMMOGRAPHY	0	0	0	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	0	0	0	0	0	0	76.00
76.01 ENDOSCOPY	0	0	0	0	0	0	76.01
76.02	0	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	0	76.03
76.04 OPIC	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	50,453,347	0.000000	0.000000	10,539,240	50.00
51.00 RECOVERY ROOM	0	7,310,805	0.000000	0.000000	1,113,304	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,327,220	0.000000	0.000000	10,606	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	8,474,959	0.000000	0.000000	1,645,086	54.00
54.01 ULTRASOUND	0	2,149,006	0.000000	0.000000	334,737	54.01
54.02 MAMMOGRAPHY	0	1,585,730	0.000000	0.000000	2,879	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	8,013,671	0.000000	0.000000	218,054	55.00
56.00 RADIOISOTOPE	0	7,850,237	0.000000	0.000000	469,178	56.00
57.00 CT SCAN	0	17,296,323	0.000000	0.000000	3,615,484	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	4,129,180	0.000000	0.000000	626,151	58.00
59.00 CARDIAC CATHETERIZATION	0	21,251,150	0.000000	0.000000	5,125,514	59.00
60.00 LABORATORY	0	41,582,386	0.000000	0.000000	11,714,712	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,368,495	0.000000	0.000000	3,193,092	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	11,627,639	0.000000	0.000000	7,242,815	65.00
66.00 PHYSICAL THERAPY	0	10,754,833	0.000000	0.000000	1,445,589	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	9,651,749	0.000000	0.000000	3,196,134	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	727,030	0.000000	0.000000	184,368	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,381,539	0.000000	0.000000	10,270,800	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	13,275,018	0.000000	0.000000	3,895,904	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	103,021,828	0.000000	0.000000	35,227,115	73.00
74.00 RENAL DIALYSIS	0	3,752,180	0.000000	0.000000	2,576,583	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 LITHOTRIPSY	0	351,314	0.000000	0.000000	0	76.00
76.01 ENDOSCOPY	0	24,188,932	0.000000	0.000000	1,215,568	76.01
76.02	0	0	0.000000	0.000000	0	76.02
76.03 WOUND CARE	0	1,817,071	0.000000	0.000000	36,739	76.03
76.04 OPIC	0	3,872,471	0.000000	0.000000	32,659	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	21,898,382	0.000000	0.000000	2,651,282	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,873,619	0.000000	0.000000	333,354	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	423,986,114			106,916,947	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,322,396	0	0	0	50.00
51.00 RECOVERY ROOM	0	1,303,784	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	260	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,312,923	0	0	0	54.00
54.01 ULTRASOUND	0	393,747	0	0	0	54.01
54.02 MAMMOGRAPHY	0	477,273	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	3,864,551	0	0	0	55.00
56.00 RADIOISOTOPE	0	2,963,138	0	0	0	56.00
57.00 CT SCAN	0	3,304,642	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	706,846	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	6,913,399	0	0	0	59.00
60.00 LABORATORY	0	1,391,964	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	522,300	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	142,809	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,584,312	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	54,659	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,506,982	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	3,521,900	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	16,713,940	0	0	0	73.00
74.00 RENAL DIALYSIS	0	23,127	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	0	109,865	0	0	0	76.00
76.01 ENDOSCOPY	0	9,265,820	0	0	0	76.01
76.02	0	0	0	0	0	76.02
76.03 WOUND CARE	0	792,289	0	0	0	76.03
76.04 OPIC	0	2,053,873	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	2,994,350	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	550,349	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	75,791,498	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	ULTRASOUND	0	0		54.01
54.02	MAMMOGRAPHY	0	0		54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	LITHOTRIPSY	0	0		76.00
76.01	ENDOSCOPY	0	0		76.01
76.02		0	0		76.02
76.03	WOUND CARE	0	0		76.03
76.04	OPIC	0	0		76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
--	----------------------	---	--

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151013	8,322,396	0	0	50.00
51.00	RECOVERY ROOM	0.131827	1,303,784	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	260	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	1,312,923	0	0	54.00
54.01	ULTRASOUND	0.163318	393,747	0	0	54.01
54.02	MAMMOGRAPHY	0.342150	477,273	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	3,864,551	0	0	55.00
56.00	RADIOISOTOPE	0.134443	2,963,138	0	0	56.00
57.00	CT SCAN	0.050941	3,304,642	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	706,846	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	6,913,399	0	0	59.00
60.00	LABDRATORY	0.097228	1,391,964	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	522,300	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	142,809	0	0	65.00
66.00	PHYSICAL THERAPY	0.263547	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142404	1,584,312	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	54,659	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	6,506,982	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	3,521,900	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	16,713,940	67,283	0	73.00
74.00	RENAL DIALYSIS	0.184875	23,127	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	LITHOTRIPSY	0.215070	109,865	0	0	76.00
76.01	ENDOSCOPY	0.080088	9,265,820	0	0	76.01
76.02		0.000000	0	0	0	76.02
76.03	WOUND CARE	0.402435	792,289	0	0	76.03
76.04	OPIC	0.265595	2,053,873	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.174851	2,994,350	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	550,349	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		75,791,498	67,283	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		75,791,498	67,283	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part V
Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	1,256,790	0	0		50.00
51.00 RECOVERY ROOM	171,874	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	122	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	335,865	0	0		54.00
54.01 ULTRASOUND	64,306	0	0		54.01
54.02 MAMMOGRAPHY	163,299	0	0		54.02
55.00 RADIOLOGY-THERAPEUTIC	912,034	0	0		55.00
56.00 RADIOISOTOPE	398,373	0	0		56.00
57.00 CT SCAN	168,342	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	70,538	0	0		58.00
59.00 CARDIAC CATHETERIZATION	515,878	0	0		59.00
60.00 LABORATORY	135,338	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	113,768	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	24,253	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	225,612	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	16,139	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,379,968	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,632,605	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,096,329	8,439	0		73.00
74.00 RENAL DIALYSIS	4,276	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 LITHOTRIPSY	23,629	0	0		76.00
76.01 ENDOSCOPY	742,081	0	0		76.01
76.02	0	0	0		76.02
76.03 WOUND CARE	318,845	0	0		76.03
76.04 OPIC	545,498	0	0		76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	523,565	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	382,944	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	12,222,271	8,439	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	12,222,271	8,439	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part II Date/Time Prepared: 2/13/2012 12:30 pm	
		Component CCN: 15S046		Title XVIII		Subprovider - IPF PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,111,721	50,453,347	0.022035	0	0	50.00
51.00	RECOVERY ROOM	82,931	7,310,805	0.011344	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	326,606	5,327,220	0.061309	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	334,101	8,474,959	0.039422	22,373	882	54.00
54.01	ULTRASOUND	24,861	2,149,006	0.011569	4,061	47	54.01
54.02	MAMMOGRAPHY	68,056	1,585,730	0.042918	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	266,376	8,013,671	0.033240	0	0	55.00
56.00	RADIOISOTOPE	52,813	7,850,237	0.006728	2,593	17	56.00
57.00	CT SCAN	83,595	17,296,323	0.004833	27,811	134	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	47,856	4,129,180	0.011590	2,778	32	58.00
59.00	CARDIAC CATHETERIZATION	126,488	21,251,150	0.005952	0	0	59.00
60.00	LABORATORY	301,449	41,582,386	0.007249	544,170	3,945	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	37,859	5,368,495	0.007052	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	114,115	11,627,639	0.009814	18,123	178	65.00
66.00	PHYSICAL THERAPY	346,290	10,754,833	0.032199	10,984	354	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	115,174	9,651,749	0.011933	14,461	173	69.00
70.00	ELECTROENCEPHALOGRAPHY	43,797	727,030	0.060241	5,562	335	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	490,071	35,381,539	0.013851	10,570	146	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	134,657	13,275,018	0.010144	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	413,973	103,021,828	0.004018	664,399	2,670	73.00
74.00	RENAL DIALYSIS	32,589	3,752,180	0.008685	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	LITHOTRIPSY	1,721	351,314	0.004899	0	0	76.00
76.01	ENDOSCOPY	126,962	24,188,932	0.005249	4,039	21	76.01
76.02		0	0	0.000000	0	0	76.02
76.03	WOUND CARE	79,130	1,817,071	0.043548	0	0	76.03
76.04	OPIC	162,771	3,872,471	0.042033	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	492,942	21,898,382	0.022510	298,910	6,728	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	323,181	2,873,619	0.112465	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	5,742,085	423,986,114		1,630,834	15,662	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	---

	Title XVIII	Subprovider - IPF	PPS
--	-------------	----------------------	-----

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0	0	0 50.00
51.00 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 ULTRASOUND	0	0	0	0	0 54.01
54.02 MAMMOGRAPHY	0	0	0	0	0 54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 RADIOISOTOPE	0	0	0	0	0 56.00
57.00 CT SCAN	0	0	0	0	0 57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 LABORATORY	0	0	0	0	0 60.00
60.01 BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 LITHOTRIPSY	0	0	0	0	0 76.00
76.01 ENDOSCOPY	0	0	0	0	0 76.01
76.02	0	0	0	0	0 76.02
76.03 WOUND CARE	0	0	0	0	0 76.03
76.04 OPIC	0	0	0	0	0 76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 CLINIC	0	0	0	0	0 90.00
91.00 EMERGENCY	0	0	0	0	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
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: 150046
 Component CCN: 15S046
 Period: From 09/01/2010 To 08/31/2011
 Worksheet D Part IV
 Date/Time Prepared: 2/13/2012 12:30 pm

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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	50,453,347	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	7,310,805	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,327,220	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,474,959	0.000000	0.000000	22,373	54.00
54.01	ULTRASOUND	0	2,149,006	0.000000	0.000000	4,061	54.01
54.02	MAMMOGRAPHY	0	1,585,730	0.000000	0.000000	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	8,013,671	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	7,850,237	0.000000	0.000000	2,593	56.00
57.00	CT SCAN	0	17,296,323	0.000000	0.000000	27,811	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,129,180	0.000000	0.000000	2,778	58.00
59.00	CARDIAC CATHETERIZATION	0	21,251,150	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	41,582,386	0.000000	0.000000	544,170	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,368,495	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	11,627,639	0.000000	0.000000	18,123	65.00
66.00	PHYSICAL THERAPY	0	10,754,833	0.000000	0.000000	10,984	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	9,651,749	0.000000	0.000000	14,461	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	727,030	0.000000	0.000000	5,562	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,381,539	0.000000	0.000000	10,570	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	13,275,018	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	103,021,828	0.000000	0.000000	664,399	73.00
74.00	RENAL DIALYSIS	0	3,752,180	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	LITHOTRIPSY	0	351,314	0.000000	0.000000	0	76.00
76.01	ENDOSCOPY	0	24,188,932	0.000000	0.000000	4,039	76.01
76.02		0	0	0.000000	0.000000	0	76.02
76.03	WOUND CARE	0	1,817,071	0.000000	0.000000	0	76.03
76.04	OPIC	0	3,872,471	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	21,898,382	0.000000	0.000000	298,910	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,873,619	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	423,986,114			1,630,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15S046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	828	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	ENDOSCOPY	0	0	0	0	0	76.01
76.02		0	0	0	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	OPIC	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	388	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	1,216	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

Component CCN: 155046

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 ULTRASOUND	0	0		54.01
54.02 MAMMOGRAPHY	0	0		54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 LITHOTRIPSY	0	0		76.00
76.01 ENDOSCOPY	0	0		76.01
76.02	0	0		76.02
76.03 WOUND CARE	0	0		76.03
76.04 OPIC	0	0		76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
		Component CCN: 15S046	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151013	0	0	0	50.00
51.00	RECOVERY ROOM	0.131827	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	0	0	0	54.00
54.01	ULTRASOUND	0.163318	0	0	0	54.01
54.02	MAMMOGRAPHY	0.342150	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	0	0	0	55.00
56.00	RADIOISOTOPE	0.134443	0	0	0	56.00
57.00	CT SCAN	0.050941	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	0	0	0	59.00
60.00	LABORATORY	0.097228	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.263547	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHDLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142404	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	828	1,012	0	73.00
74.00	RENAL DIALYSIS	0.184875	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	LITHOTRIPSY	0.215070	0	0	0	76.00
76.01	ENDOSCOPY	0.080088	0	0	0	76.01
76.02		0.000000	0	0	0	76.02
76.03	WOUND CARE	0.402435	0	0	0	76.03
76.04	OPIC	0.265595	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.174851	388	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		1,216	1,012	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,216	1,012	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 155046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	54.01
54.02 MAMMOGRAPHY	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	104	127	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 LITHOTRIPSY	0	0	0	76.00
76.01 ENDOSCOPY	0	0	0	76.01
76.02	0	0	0	76.02
76.03 WOUND CARE	0	0	0	76.03
76.04 OPIC	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	68	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Subtotal (see instructions)	172	127	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	172	127	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part II Date/Time Prepared: 2/13/2012 12:30 pm	
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	Subprovider - IRF PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,111,721	50,453,347	0.022035	31,113	686	50.00
51.00	RECOVERY ROOM	82,931	7,310,805	0.011344	5,369	61	51.00
52.00	DELIVERY ROOM & LABOR ROOM	326,606	5,327,220	0.061309	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	334,101	8,474,959	0.039422	121,576	4,793	54.00
54.01	ULTRASOUND	24,861	2,149,006	0.011569	5,376	62	54.01
54.02	MAMMOGRAPHY	68,056	1,585,730	0.042918	6,523	280	54.02
55.00	RADIOLOGY-THERAPEUTIC	266,376	8,013,671	0.033240	3,746	125	55.00
56.00	RADIOISOTOPE	52,813	7,850,237	0.006728	5,991	40	56.00
57.00	CT SCAN	83,595	17,296,323	0.004833	87,127	421	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	47,856	4,129,180	0.011590	28,948	336	58.00
59.00	CARDIAC CATHETERIZATION	126,488	21,251,150	0.005952	2,616	16	59.00
60.00	LABORATORY	301,449	41,582,386	0.007249	682,506	4,947	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	37,859	5,368,495	0.007052	97,987	691	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	114,115	11,627,639	0.009814	108,429	1,064	65.00
66.00	PHYSICAL THERAPY	346,290	10,754,833	0.032199	4,853,771	156,287	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	115,174	9,651,749	0.011933	38,215	456	69.00
70.00	ELECTROENCEPHALOGRAPHY	43,797	727,030	0.060241	5,391	325	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	490,071	35,381,539	0.013851	430,505	5,963	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	134,657	13,275,018	0.010144	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	413,973	103,021,828	0.004018	2,186,225	8,784	73.00
74.00	RENAL DIALYSIS	32,589	3,752,180	0.008685	272,501	2,367	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	LITHOTRIPSY	1,721	351,314	0.004899	0	0	76.00
76.01	ENDOSCOPY	126,962	24,188,932	0.005249	44,047	231	76.01
76.02		0	0	0.000000	0	0	76.02
76.03	WOUND CARE	79,130	1,817,071	0.043548	0	0	76.03
76.04	OPIC	162,771	3,872,471	0.042033	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	492,942	21,898,382	0.022510	2,222	50	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	323,181	2,873,619	0.112465	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	5,742,085	423,986,114		9,020,184	187,985	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE DTHOR PASS THROUGH COSTS	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	---

Cost Center Description	Title XVIII				Subprovider - IRF	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
54.02 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 LITHOTRIPSY	0	0	0	0	0	76.00
76.01 ENDOSCOPY	0	0	0	0	0	76.01
76.02	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
76.04 OPIC	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
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: 150046
Component CCN: 15T046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D
Part IV
Date/Time Prepared:
2/13/2012 12:30 pm

		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	50,453,347	0.000000	0.000000	31,113	50.00
51.00	RECOVERY ROOM	0	7,310,805	0.000000	0.000000	5,369	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,327,220	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,474,959	0.000000	0.000000	121,576	54.00
54.01	ULTRASOUND	0	2,149,006	0.000000	0.000000	5,376	54.01
54.02	MAMMOGRAPHY	0	1,585,730	0.000000	0.000000	6,523	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	8,013,671	0.000000	0.000000	3,746	55.00
56.00	RADIOISOTOPE	0	7,850,237	0.000000	0.000000	5,991	56.00
57.00	CT SCAN	0	17,296,323	0.000000	0.000000	87,127	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,129,180	0.000000	0.000000	28,948	58.00
59.00	CARDIAC CATHETERIZATION	0	21,251,150	0.000000	0.000000	2,616	59.00
60.00	LABORATORY	0	41,582,386	0.000000	0.000000	682,506	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,368,495	0.000000	0.000000	97,987	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	11,627,639	0.000000	0.000000	108,429	65.00
66.00	PHYSICAL THERAPY	0	10,754,833	0.000000	0.000000	4,853,771	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	ELECTROCARDIOLOGY	0	9,651,749	0.000000	0.000000	38,215	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	727,030	0.000000	0.000000	5,391	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,381,539	0.000000	0.000000	430,505	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	13,275,018	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	103,021,828	0.000000	0.000000	2,186,225	73.00
74.00	RENAL DIALYSIS	0	3,752,180	0.000000	0.000000	272,501	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	LITHOTRIPSY	0	351,314	0.000000	0.000000	0	76.00
76.01	ENDOSCOPY	0	24,188,932	0.000000	0.000000	44,047	76.01
76.02		0	0	0.000000	0.000000	0	76.02
76.03	WOUND CARE	0	1,817,071	0.000000	0.000000	0	76.03
76.04	OPIC	0	3,872,471	0.000000	0.000000	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	21,898,382	0.000000	0.000000	2,222	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,873,619	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	423,986,114			9,020,184	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046 Component CCN:15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/13/2012 12:30 pm
--	--	---	---

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
54.02	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	875	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	LITHOTRIPSY	0	0	0	0	0	76.00
76.01	ENDOSCOPY	0	0	0	0	0	76.01
76.02		0	0	0	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	76.03
76.04	OPIC	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	875	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 2/13/2012 12:30 pm
	Component CCN: 15T046	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	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	ULTRASOUND	0	0	54.01
54.02	MAMMOGRAPHY	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	LITHOTRIPSY	0	0	76.00
76.01	ENDOSCOPY	0	0	76.01
76.02		0	0	76.02
76.03	WOUND CARE	0	0	76.03
76.04	OPIC	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	--

Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151013	0	0	0	50.00
51.00	RECOVERY ROOM	0.131827	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	0	0	0	54.00
54.01	ULTRASOUND	0.163318	0	0	0	54.01
54.02	MAMMOGRAPHY	0.342150	0	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	0	0	0	55.00
56.00	RADIOISOTOPE	0.134443	0	0	0	56.00
57.00	CT SCAN	0.050941	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	0	0	0	59.00
60.00	LABORATORY	0.097228	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.263547	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142404	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	875	1,159	0	73.00
74.00	RENAL DIALYSIS	0.184875	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	LITHOTRIPSY	0.215070	0	0	0	76.00
76.01	ENDOSCOPY	0.080088	0	0	0	76.01
76.02		0.000000	0	0	0	76.02
76.03	WOUND CARE	0.402435	0	0	0	76.03
76.04	OPIC	0.265595	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.174851	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.000000		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		875	1,159	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		875	1,159	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	--

Title XVIII	Subprovider - IRF	PPS
-------------	----------------------	-----

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	54.01
54.02 MAMMOGRAPHY	0	0	0	54.02
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABDRATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	110	145	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 LITHOTRIPSY	0	0	0	76.00
76.01 ENDOSCOPY	0	0	0	76.01
76.02	0	0	0	76.02
76.03 WOUND CARE	0	0	0	76.03
76.04 OPIC	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Subtotal (see instructions)	110	145	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	110	145	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 2/13/2012 12:30 pm
--	----------------------	---	--

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151013	6,061,804	0	0	50.00
51.00	RECOVERY ROOM	0.131827	1,126,533	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	58,901	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	1,414,191	0	0	54.00
54.01	ULTRASOUND	0.163318	396,173	0	0	54.01
54.02	MAMMOGRAPHY	0.342150	111,904	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	550,171	0	0	55.00
56.00	RADIOISOTOPE	0.134443	782,042	0	0	56.00
57.00	CT SCAN	0.050941	1,814,393	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	404,813	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	1,092,865	0	0	59.00
60.00	LABORATORY	0.097228	4,179,279	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	113,126	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	252,490	0	0	65.00
66.00	PHYSICAL THERAPY	0.263547	346,436	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142404	745,380	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	230,715	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	2,462,403	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	1,116,736	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	6,844,753	0	0	73.00
74.00	RENAL DIALYSIS	0.184875	2,941	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	LITHOTRIPSY	0.215070	39,905	0	0	76.00
76.01	ENDOSCOPY	0.080088	1,699,557	0	0	76.01
76.02		0.000000	0	0	0	76.02
76.03	WOUND CARE	0.402435	352,172	0	0	76.03
76.04	OPIC	0.265595	547,314	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.174851	4,846,437	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	542,771	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000				94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		38,136,205	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		38,136,205	0	0	202.00

Cost Center Description	Costs			Hospital	Cost
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	915,411	0	0		50.00
51.00 RECOVERY ROOM	148,507	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	27,740	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNDSTIC	361,771	0	0		54.00
54.01 ULTRASOUND	64,702	0	0		54.01
54.02 MAMMOGRAPHY	38,288	0	0		54.02
55.00 RADIOLOGY-THERAPEUTIC	129,840	0	0		55.00
56.00 RADIOISOTOPE	105,140	0	0		56.00
57.00 CT SCAN	92,427	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	40,397	0	0		58.00
59.00 CARDIAC CATHETERIZATION	81,550	0	0		59.00
60.00 LABORATORY	406,343	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	24,641	0	0		62.00
63.00 BLOOD STDRING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENDUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	42,880	0	0		65.00
66.00 PHYSICAL THERAPY	91,302	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	106,145	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	68,122	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	522,214	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	517,672	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	858,496	0	0		73.00
74.00 RENAL DIALYSIS	544	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 LITHOTRIPSY	8,582	0	0		76.00
76.01 ENDOSCOPY	136,114	0	0		76.01
76.02	0	0	0		76.02
76.03 WOUND CARE	141,726	0	0		76.03
76.04 OPIC	145,364	0	0		76.04
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	847,404	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	377,671	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	5,385,582	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	5,385,582	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			22,484 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			22,484 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			22,484 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			11,973 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)			17,384,819 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)			17,384,819 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			20,702,590 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			20,702,590 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.839741 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)			920.77 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)			17,384,819 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)			773.21 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,257,643 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)			9,257,643 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,350,178	3,239	1,343.06	2,112	2,836,543	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					16,622,456	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,716,642	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,826,393	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,106,543	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,932,936	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,783,706	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,586	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.21	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,999,521	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	2,809,886	17,384,819	0.161629	1,999,521	323,181	90.00
91.00 Nursing School cost	0	17,384,819	0.000000	1,999,521	0	91.00
92.00 Allied health cost	0	17,384,819	0.000000	1,999,521	0	92.00
93.00 All other Medical Education	0	17,384,819	0.000000	1,999,521	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Component CCN:15S046

Date/Time Prepared:
2/13/2012 12:30 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,174	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,174	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,174	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)	1,923	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,921,555	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,921,555	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	7,256,990	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	7,256,990	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.402585	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,738.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,921,555	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)	699.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,345,985	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)	1,345,985	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Component CCN: 155046

Date/Time Prepared:
2/13/2012 12:30 pm

Title XVIII

Subprovider -
IPF

PPS

42.00	NURSERY (title V & XIX only)	Total	Total	Average Per	Program Days	Program Cost	42.00
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					209,303	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,555,288	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)					204,184	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					15,662	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					219,846	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,335,442	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: 150046
Component CCN: 15S046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1
Date/Time Prepared:
2/13/2012 12:30 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	443,197	2,921,555	0.151699	0	0	90.00
91.00 Nursing School cost	0	2,921,555	0.000000	0	0	91.00
92.00 Allied health cost	0	2,921,555	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,921,555	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1
Component CCN:15T046		Date/Time Prepared: 2/13/2012 12:30 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)	3,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,579	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,579	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,058	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)	3,157,042	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)	3,157,042	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	3,249,732	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,249,732	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.971478	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)	908.00	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)	3,157,042	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)	882.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,697,462	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,697,462	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 2/13/2012 12:30 pm
---	---	---	--

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,861,158	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,558,620	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)					434,144	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					187,985	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					622,129	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,936,491	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: 150046	Period: From 09/01/2010	Worksheet D-1
		Component CCN: 15T046	To 08/31/2011	Date/Time Prepared: 2/13/2012 12:30 pm
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost 1.00	Routine Cost (from line 27) 2.00	column 1 ÷ column 2 3.00	Total Observation Bed Cost (from line 89) 4.00	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions) 5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	508,123	3,157,042	0.160949	0	0	90.00
91.00 Nursing School cost	0	3,157,042	0.000000	0	0	91.00
92.00 Allied health cost	0	3,157,042	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,157,042	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XIX	Hospital	Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,484	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,484	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,484	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,454	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,610	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)		17,371,197	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)		17,371,197	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		20,702,590	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		20,702,590	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.839083	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)		920.77	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)		17,371,197	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)		772.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,895,960	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)		1,895,960	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description	Title XIX			Hospital Program Days	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)		Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,038,172	1,610	644.83	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,350,178	3,239	1,343.06	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					5,198,305	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,094,265	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,586	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					772.60	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,997,944	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Date/Time Prepared:
2/13/2012 12:30 pm

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

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Component CCN:155046

Date/Time Prepared:
2/13/2012 12:30 pm

Title XIX		Subprovider - IPF	Cost
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)		4,174 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,174 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,174 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0 14.00
15.00	Total nursery days (title V or XIX only)		1,610 15.00
16.00	Nursery days (title V or XIX only)		0 16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)		2,921,555 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0 25.00
26.00	Total swing-bed cost (see instructions)		0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,921,555 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,256,990 28.00
29.00	Private room charges (excluding swing-bed charges)		0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,256,990 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.402585 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,738.62 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,921,555 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)		699.94 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		0 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046
Component CCN: 155046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1
Date/Time Prepared:
2/13/2012 12:30 pm

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15S046		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/13/2012 12:30 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet D-1

Component CCN: 15T046

Date/Time Prepared:
2/13/2012 12:30 pm

Title XIX		Subprovider - IRF	Cost
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)		3,579 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,579 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,579 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)		139 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0 14.00
15.00	Total nursery days (title V or XIX only)		1,610 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)		3,157,042 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)		3,157,042 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,249,732 28.00
29.00	Private room charges (excluding swing-bed charges)		0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,249,732 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.971478 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)		908.00 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)		3,157,042 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)		882.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		122,612 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)		122,612 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/13/2012 12:30 pm	
Cost Center Description		Total	Total	Average Per	Program Days	Cost	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1.00	0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						122,612 49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)						0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150046 Component CCN: 15T046		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 2/13/2012 12:30 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)	Cost
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/13/2012 12:30 pm
--	--	----------------------	---	--

Cost Center Description	Title XVIII		Hospital		PPS	
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		8,385,706			30.00
31.00	INTENSIVE CARE UNIT		4,065,592			31.00
40.00	SUBPROVIDER - IPF		0			40.00
41.00	SUBPROVIDER - IRF		0			41.00
43.00	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151136	10,539,240	1,592,859		50.00
51.00	RECOVERY ROOM	0.131827	1,113,304	146,764		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	10,606	4,995		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	1,645,086	420,838		54.00
54.01	ULTRASOUND	0.163318	334,737	54,669		54.01
54.02	MAMMOGRAPHY	0.342150	2,879	985		54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	218,054	51,461		55.00
56.00	RADIOISOTOPE	0.134443	469,178	63,078		56.00
57.00	CT SCAN	0.050941	3,615,484	184,176		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	626,151	62,485		58.00
59.00	CARDIAC CATHETERIZATION	0.074620	5,125,514	382,466		59.00
60.00	LABORATORY	0.097228	11,714,712	1,138,998		60.00
60.01	BLOOD LABORATORY	0.000000	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	3,193,092	695,522		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0		64.00
65.00	RESPIRATORY THERAPY	0.169829	7,242,815	1,230,040		65.00
66.00	PHYSICAL THERAPY	0.263547	1,445,589	380,981		66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0		67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.142967	3,196,134	456,942		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	184,368	54,437		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	10,270,800	2,178,180		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	3,895,904	1,805,977		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	35,227,115	4,418,326		73.00
74.00	RENAL DIALYSIS	0.184875	2,576,583	476,346		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0		75.00
76.00	LITHOTRIPSY	0.215070	0	0		76.00
76.01	ENDOSCOPY	0.083657	1,215,568	101,691		76.01
76.02		0.000000	0	0		76.02
76.03	WOUND CARE	0.410619	36,739	15,086		76.03
76.04	OPIC	0.265595	32,659	8,674		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000		0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0		89.00
90.00	CLINIC	0.000000		0		90.00
91.00	EMERGENCY	0.175208	2,651,282	464,526		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	333,354	231,954		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0		94.00
95.00	AMBULANCE SERVICES					95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0		98.00
200.00	Total (sum of lines 50-94 and 96-98)		106,916,947	16,622,456		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)		106,916,947			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150046 Component CCN: 155046	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/13/2012 12:30 pm
--	---	---	--

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		3,338,969		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.151136	0	0	50.00
51.00	RECOVERY ROOM	0.131827	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.470957	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	22,373	5,723	54.00
54.01	ULTRASOUND	0.163318	4,061	663	54.01
54.02	MAMMOGRAPHY	0.342150	0	0	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	0	0	55.00
56.00	RADIOISOTOPE	0.134443	2,593	349	56.00
57.00	CT SCAN	0.050941	27,811	1,417	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	2,778	277	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	0	0	59.00
60.00	LABORATORY	0.097228	544,170	52,909	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	18,123	3,078	65.00
66.00	PHYSICAL THERAPY	0.263547	10,984	2,895	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142967	14,461	2,067	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	5,562	1,642	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	10,570	2,242	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	664,399	83,332	73.00
74.00	RENAL DIALYSIS	0.184875	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	LITHOTRIPSY	0.215070	0	0	76.00
76.01	ENDOSCOPY	0.083657	4,039	338	76.01
76.02		0.000000	0	0	76.02
76.03	WOUND CARE	0.410619	0	0	76.03
76.04	OPIC	0.265595	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.175208	298,910	52,371	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,630,834	209,303	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)		1,630,834		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 2/13/2012 12:30 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 ADULTS & PEDIATRICS		0		30.00
31.00 INTENSIVE CARE UNIT		0		31.00
40.00 SUBPROVIDER - IPF		0		40.00
41.00 SUBPROVIDER - IRF		2,778,141		41.00
43.00 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0.151136	31,113	4,702	50.00
51.00 RECOVERY ROOM	0.131827	5,369	708	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.470957	0	0	52.00
53.00 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.255815	121,576	31,101	54.00
54.01 ULTRASOUND	0.163318	5,376	878	54.01
54.02 MAMMOGRAPHY	0.342150	6,523	2,232	54.02
55.00 RADIOLOGY-THERAPEUTIC	0.236000	3,746	884	55.00
56.00 RADIOISOTOPE	0.134443	5,991	805	56.00
57.00 CT SCAN	0.050941	87,127	4,438	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.099792	28,948	2,889	58.00
59.00 CARDIAC CATHETERIZATION	0.074620	2,616	195	59.00
60.00 LABORATORY	0.097228	682,506	66,359	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	97,987	21,344	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00 RESPIRATORY THERAPY	0.169829	108,429	18,414	65.00
66.00 PHYSICAL THERAPY	0.263547	4,853,771	1,279,197	66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.142967	38,215	5,463	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.295264	5,391	1,592	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	430,505	91,299	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.463558	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.125424	2,186,225	274,205	73.00
74.00 RENAL DIALYSIS	0.184875	272,501	50,379	74.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00 LITHOTRIPSY	0.215070	0	0	76.00
76.01 ENDOSCOPY	0.083657	44,047	3,685	76.01
76.02	0.000000	0	0	76.02
76.03 WOUND CARE	0.410619	0	0	76.03
76.04 OPIC	0.265595	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00 CLINIC	0.000000	0	0	90.00
91.00 EMERGENCY	0.175208	2,222	389	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00 AMBULANCE SERVICES				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00 Total (sum of lines 50-94 and 96-98)		9,020,184	1,861,158	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)		9,020,184		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet 0-3 Date/Time Prepared: 2/13/2012 12:30 pm
--	--	----------------------	---	--

Cost Center Description	Title XIX		Hospital		Cost
	Ratio of Cost To Charges	Inpatient Program Charges	Cost		
			Inpatient Program Costs (col. 1 x col. 2)		
	1.00	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,050,478		30.00
31.00	INTENSIVE CARE UNIT		969,309		31.00
40.00	SUBPROVIDER - IPF		1,863,138		40.00
41.00	SUBPROVIDER - IRF		104,420		41.00
43.00	NURSERY		984,655		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.151013	2,637,366	398,277	50.00
51.00	RECOVERY ROOM	0.131827	299,497	39,482	51.00
52.00	DELIVERY ROOM & LABDR ROOM	0.470957	2,800,540	1,318,934	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.255815	364,852	93,335	54.00
54.01	ULTRASOUND	0.163318	107,645	17,580	54.01
54.02	MAMMOGRAPHY	0.342150	2,061	705	54.02
55.00	RADIOLOGY-THERAPEUTIC	0.236000	18,786	4,433	55.00
56.00	RADIOISOTOPE	0.134443	105,368	14,166	56.00
57.00	CT SCAN	0.050941	789,992	40,243	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.099792	164,298	16,396	58.00
59.00	CARDIAC CATHETERIZATION	0.074620	722,144	53,886	59.00
60.00	LABORATORY	0.097228	3,394,631	330,053	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.217821	456,569	99,450	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.169829	2,109,741	358,295	65.00
66.00	PHYSICAL THERAPY	0.263547	373,344	98,394	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.142404	594,523	84,662	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.295264	50,692	14,968	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.212075	1,988,054	421,617	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.463558	615,515	285,327	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.125424	9,267,046	1,162,310	73.00
74.00	RENAL DIALYSIS	0.184875	257,696	47,642	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	LITHOTRIPSY	0.215070	6,301	1,355	76.00
76.01	ENDOSCOPY	0.080088	188,512	15,098	76.01
76.02		0.000000	0	0	76.02
76.03	WOUND CARE	0.402435	1,567	631	76.03
76.04	OPIC	0.265595	2,154	572	76.04
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.174851	898,639	157,128	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.695820	177,296	123,366	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP--RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP--SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		28,394,829	5,198,305	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)		28,394,829		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet E
Part A
Date/Time Prepared:
2/13/2012 12:30 pm

	Title XVIII	Hospital		
		before 1/1	PPS on/after 1/1	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments	20,067,156		1.00
2.00	Outlier payments for discharges. (see instructions)	1,575,324		2.00
3.00	Managed Care Simulated Payments	0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	164.92		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.52		30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	18.77		31.00
32.00	Sum of lines 30 and 31	25.29		32.00
33.00	Allowable disproportionate share percentage (see instructions)	10.08		33.00
34.00	Disproportionate share adjustment (see instructions)	2,022,769		34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	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)	23,665,249		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)	23,665,249		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet E
Part A
Date/Time Prepared:
2/13/2012 12:30 pm

		Title XVIII		Hospital	PPS
		before 1/1	on/after 1/1		
		1.00	1.01		
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	1,954,438		50.00	
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00	
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).	0		52.00	
53.00	Nursing and Allied Health Managed Care payment	0		53.00	
54.00	Special add-on payments for new technologies	0		54.00	
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0		55.00	
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00	
57.00	Routine service other pass through costs	0		57.00	
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)	0		58.00	
59.00	Total (sum of amounts on lines 49 through 58)	25,619,687		59.00	
60.00	Primary payer payments	14,181		60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	25,605,506		61.00	
62.00	Deductibles billed to program beneficiaries	1,841,872		62.00	
63.00	Coinurance billed to program beneficiaries	87,880		63.00	
64.00	Allowable bad debts (see instructions)	588,985		64.00	
65.00	Adjusted reimbursable bad debts (see instructions)	412,290		65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	388,551		66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	24,088,044		67.00	
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00	
69.00	Outlier payments reconciliation	0		69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00	
70.95	Recovery of Accelerated Depreciation	0		70.95	
70.96	Low Volume Payment-1	0		70.96	
70.97	Low Volume Payment-2	0		70.97	
70.98	Low Volume Payment-3	0		70.98	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	24,088,044		71.00	
72.00	Interim payments	24,032,475		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)	55,569		74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	260,015		75.00	
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from worksheet E, Part A line 2	0		90.00	
91.00	Capital outlier from worksheet L, Part I, line 2	0		91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00	
94.00	The rate used to calculate the Time Value of Money	0.00		94.00	
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00	
96.00	Time value of Money for capital related expenses (see instructions)	0		96.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/13/2012 12:30 pm
		Title XVIII	Hospital	PPS

				1.00
--	--	--	--	------

PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,439	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,222,271	2.00
3.00	PPS payments		12,032,070	3.00
4.00	Outlier payment (see instructions)		70,356	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)		8,439	11.00

COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,283	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)		67,283	14.00

Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		67,283	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,844	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)		8,439	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)		12,102,426	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)		2,603,828	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		9,507,037	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		9,507,037	30.00
31.00	Primary payer payments		1,013	31.00
32.00	Subtotal (line 30 minus line 31)		9,506,024	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)		692,867	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		485,007	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		546,365	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		9,991,031	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		9,991,031	40.00
41.00	Interim payments		9,874,912	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)		116,119	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: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/13/2012 12:30 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides 1.00
112.00 override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046

Period:

Worksheet E

Component CCN: 15S046

From 09/01/2010

Part B

To 08/31/2011

Date/Time Prepared:

2/13/2012 12:30 pm

Title XVIII

Subprovider -

PPS

IPF

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	127	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	172	2.00
3.00	PPS payments	280	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)	127	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	1,012	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,012	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)	1,012	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	885	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)	127	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)	280	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)	20	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)	387	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)	387	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	387	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)	387	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	387	40.00
41.00	Interim payments	462	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)	-75	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: 150046	Period: From 09/01/2010	Worksheet E
	Component CCN: 15S046	To 08/31/2011	Part B Date/Time Prepared: 2/13/2012 12:30 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/13/2012 12:30 pm
Component CCN: 15T046	Title XVIII	Subprovider - IRF
		PPS

		1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	145	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	110	2.00
3.00	PPS payments	220	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)	145	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	1,159	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,159	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)	1,159	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,014	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)	145	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)	220	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)	365	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)	365	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	365	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)	365	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	365	40.00
41.00	Interim payments	452	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)	-87	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: 150046 Component CCN: 15T046	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 2/13/2012 12:30 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
112.00 WORKSHEET OVERRIDE VALUES override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
2/13/2012 12:30 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				
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		24,032,475		9,874,912
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		24,032,475		9,874,912
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		55,569		116,119
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		24,088,044		9,991,031
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046
Component CCN: 15S046

Period:
From 09/01/2010
To 08/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
2/13/2012 12:30 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,229,563		462	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		1,229,563		462	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		51,046		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		75	6.02
7.00	Total Medicare program liability (see instructions)		1,280,609		387	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150046
Component CCN: 15T046

Period:
From 09/01/2010
To 08/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
2/13/2012 12:30 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		3,673,333		452	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)		3,673,333		452	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		20,467		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		87	6.02	
7.00	Total Medicare program liability (see instructions)		3,693,800		365	7.00	
		0		Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part II Date/Time Prepared: 2/13/2012 12:30 pm
	Component CCN: 15S046	Title XVIII	Subprovider - IPF
			PPS

			1.00	
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,362,909	1.00
2.00	Net IPF PPS outlier Payments		4,868	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		11.435616	9.00
10.00	Medical Education Adjustment Factor {(1 + (line 8/line 9)) raised to the power of .5150 -1}.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,367,777	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,367,777	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,367,777	18.00
19.00	Deductibles		194,236	19.00
20.00	Subtotal (line 18 minus line 19)		1,173,541	20.00
21.00	Coinsurance		5,377	21.00
22.00	Subtotal (line 20 minus line 21)		1,168,164	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		160,635	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		112,445	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		129,997	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,280,609	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,280,609	31.00
32.00	Interim payments		1,229,563	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		51,046	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part III Date/Time Prepared: 2/13/2012 12:30 pm
		Component CCN: 15T046	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,328,507 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0336 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			109,132 3.00
4.00	Outlier Payments			286,904 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			9.805479 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,724,543 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,724,543 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,724,543 19.00
20.00	Deductibles			12,324 20.00
21.00	Subtotal (line 19 minus line 20)			3,712,219 21.00
22.00	Coinsurance			30,148 22.00
23.00	Subtotal (line 21 minus line 22)			3,682,071 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			16,756 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			11,729 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			16,756 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,693,800 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,693,800 32.00
33.00	Interim payments			3,673,333 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)			20,467 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 2/13/2012 12:30 pm
	Title XIX	Hospital	Cost

			1.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		7,094,265	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		7,094,265	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		7,094,265	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		66,531,034	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		66,531,034	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		66,531,034	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		59,436,769	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		7,094,265	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		7,094,265	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		7,094,265	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,094,265	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		7,094,265	38.00
39.00	Direct graduate medical education payments (from wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		7,094,265	40.00
41.00	Interim payments		7,657,079	41.00
42.00	Balance due provider/program (line 40 minus 41)		-562,814	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet G

Date/Time Prepared:
2/13/2012 12:30 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	51,853	0	0	0
2.00	Temporary investments	0	0	0	0
3.00	Notes receivable	0	0	0	0
4.00	Accounts receivable	24,548,552	0	0	0
5.00	Other receivable	132,350	0	0	0
6.00	Allowances for uncollectible notes and accounts receivable	-10,228,556	0	0	0
7.00	Inventory	4,771,245	0	0	0
8.00	Prepaid expenses	303,522	0	0	0
9.00	Other current assets	0	0	0	0
10.00	Due from other funds	0	0	0	0
11.00	Total current assets (sum of lines 1-10)	19,578,966	0	0	0
FIXED ASSETS					
12.00	Land	1,262,718	0	0	0
13.00	Land improvements	3,002,401	0	0	0
14.00	Accumulated depreciation	-2,612,771	0	0	0
15.00	Buildings	38,638,215	0	0	0
16.00	Accumulated depreciation	-19,993,173	0	0	0
17.00	Leasehold improvements	5,482,900	0	0	0
18.00	Accumulated depreciation	-3,980,686	0	0	0
19.00	Fixed equipment	24,228,974	0	0	0
20.00	Accumulated depreciation	-14,728,626	0	0	0
21.00	Automobiles and trucks	0	0	0	0
22.00	Accumulated depreciation	0	0	0	0
23.00	Major movable equipment	52,120,733	0	0	0
24.00	Accumulated depreciation	-45,805,992	0	0	0
25.00	Minor equipment depreciable	1,881,511	0	0	0
26.00	Accumulated depreciation	-568,447	0	0	0
27.00	HIT designated Assets	0	0	0	0
28.00	Accumulated depreciation	0	0	0	0
29.00	Minor equipment-nondepreciable	216,832	0	0	0
30.00	Total fixed assets (sum of lines 12-29)	39,144,589	0	0	0
OTHER ASSETS					
31.00	Investments	0	0	0	0
32.00	Deposits on leases	0	0	0	0
33.00	Due from owners/officers	0	0	0	0
34.00	Other assets	5,909,981	0	0	0
35.00	Total other assets (sum of lines 31-34)	5,909,981	0	0	0
36.00	Total assets (sum of lines 11, 30, and 35)	64,633,536	0	0	0
CURRENT LIABILITIES					
37.00	Accounts payable	3,483,134	0	0	0
38.00	Salaries, wages, and fees payable	2,772,790	0	0	0
39.00	Payroll taxes payable	1,923,081	0	0	0
40.00	Notes and loans payable (short term)	0	0	0	0
41.00	Deferred income	0	0	0	0
42.00	Accelerated payments	0	0	0	0
43.00	Due to other funds	0	0	0	0
44.00	Other current liabilities	0	0	0	0
45.00	Total current liabilities (sum of lines 37 thru 44)	8,179,005	0	0	0
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0
47.00	Notes payable	0	0	0	0
48.00	Unsecured loans	-163,298,613	0	0	0
49.00	Other long term liabilities	71,488	0	0	0
50.00	Total long term liabilities (sum of lines 46 thru 49)	-163,227,125	0	0	0
51.00	Total liabilities (sum of lines 45 and 50)	-155,048,120	0	0	0
CAPITAL ACCOUNTS					
52.00	General fund balance	219,681,656	0	0	52.00
53.00	Specific purpose fund	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	219,681,656	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	64,633,536	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-1

Date/Time Prepared:
2/13/2012 12:30 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00 Fund balances at beginning of period		204,482,380		0		1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		22,968,014				2.00
3.00 Total (sum of line 1 and line 2)		227,450,394		0		3.00
4.00	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		227,450,394		0		11.00
12.00 FEDERAL TAX LIABILITY	7,768,738		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		7,768,738		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		219,681,656		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-1

Date/Time Prepared:
2/13/2012 12:30 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-2 Parts

Date/Time Prepared:
2/13/2012 12:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	16,065,032		16,065,032	1.00
2.00	SUBPROVIDER - IPF	7,256,990		7,256,990	2.00
3.00	SUBPROVIDER - IRF	3,249,732		3,249,732	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,571,754		26,571,754	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,243,549		6,243,549	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,243,549		6,243,549	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,815,303		32,815,303	17.00
18.00	Ancillary services	198,249,415	0	198,249,415	18.00
19.00	Outpatient services	0	225,736,699	225,736,699	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	231,064,718	225,736,699	456,801,417	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		92,595,445		29.00
30.00	BAD DEBTS	5,974,954			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)		5,974,954		36.00
37.00	ROUNDING	98			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)		98		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		98,570,301		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150046

Period:
From 09/01/2010
To 08/31/2011

Worksheet G-3

Date/Time Prepared:
2/13/2012 12:30 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	456,801,417	1.00
2.00	Less contractual allowances and discounts on patients' accounts	335,837,209	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,964,208	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	98,570,301	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,393,907	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	522,019	24.00
24.01	INTEREST INCOME	37,037	24.01
24.02	GAIN ON DISPOSITION OF ASSETS	11,891	24.02
24.03	MISC. INCOME	3,160	24.03
24.04		0	24.04
25.00	Total other income (sum of lines 6-24)	574,107	25.00
26.00	Total (line 5 plus line 25)	22,968,014	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)	22,968,014	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150046	Period: From 09/01/2010 To 08/31/2011	Worksheet L Parts I-III Date/Time Prepared: 2/13/2012 12:30 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,623,672	1.00
2.00	Capital DRG outlier payments		245,523	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		63.39	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.52	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		18.77	8.00
9.00	Sum of lines 7 and 8		25.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.25	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		85,243	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,954,438	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